



Rainbow Treatment Center - Butterfly Drop in Center

Tracking Sheet for Focused Fire

Stamped Date
received

4

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Focused Fire 12:00pm-01:00pm OPT -A				

Name: _____

#	Date	Topic Covered	Facilitator (Counselor)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

*When this sheet is completed give this to any Butterfly staff to receive your voucher.