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| DBT Attendance Record Form | | | | | | | | | | | |
| **MODULE:** | |  | FACILITATOR:  CO-FACILITATOR: | | | | | | | | |
| Client name | Individual Therapist | **PRE-DTS**  **SCORE** | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 | **POST DTS**  **SCORE** |
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| NOTE RE DTS: Reverse score number 6. **End of module:** Feedback form. | | | | | | | | | | | |
| COMMENTS RE ATTENDANCE | | | | | | | | | | | |