



**Secretariat for Catholic Life & Evangelization
Office of Youth & Young Adult Ministry**

**Peer Listener School Reporting Sheet
2009-2010**

School: _____ Number of Peers: _____

Moderator(s): _____

Total # Cases: _____ Cases Referred SAP/Faculty _____ Cases referred Outside Agencies _____

Breakdown of Cases

Boy/girl Friend _____	Bullying/Peer Intimidation _____	Child Abuse _____
D & A related _____	Divorce/sep. _____	Eating Disorder _____
Family Problems _____	Health Concerns _____	Loss/Grieving _____
Peer Relating _____	Rape/Incest _____	School Problem _____
Self-Mutilation _____	Sexual Harassment _____	Stress/Depression _____
Talk of Suicide _____	Teen Pregnancy _____	Violent Acts _____

Other: _____

General Information

1. How often does your group meet? Format for meetings?
2. Did the group attend advanced training? Topic/format for training?
3. Recommended topic for revitalization/retreat:
4. Explain acceptance of your group by other students, faculty, and administration.
5. Other remarks: