



**Advance Care Planning Facilitator Log for  
Respecting Choices First Steps® Certified Facilitators**

Location \_\_\_\_\_

Name of participant \_\_\_\_\_

e-mail \_\_\_\_\_ phone \_\_\_\_\_

Session # 1 \_\_\_\_\_ (date)

Session #3 \_\_\_\_\_ (date)

Session #2 \_\_\_\_\_ (date)

Did the participant review or complete an advance care plan? yes    no

Did the participant agree to have a conversation with their Health Care Agent (DPOA-HC)? yes    no

Did the participant agree to send the written plan to their health care provider? yes    no

Did the participant agree to complete a participant satisfaction survey? yes    no

Notes/Summary

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Facilitator Name \_\_\_\_\_ Completion date \_\_\_\_\_