



## **Wellness Center Central**

**Group Name:**

**Peer Mentor(s):**

**Peer Mentor Qualifications:**

**Group Procedure:**

**Group Goals:**

**Group Action:**

**Objectives:** Members will gain:

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**Length of Group:**

**Core Area:** (Mark/highlight just one)

Physical

Emotional

Spiritual

Social

**Week 1 Topic:**

**Discussion Questions & Responses:**

**Week 2 Topic:**

**Week 3 Topic:**

**Week 4 Topic:**