



B.I.L.Y., TOO[®]

the Youth Group

← B.I.L.Y., TOO — YOUTH to PARENT COMMUNICATION

Youth's Name: _____ Date: _____

Parent(s) Name _____ / _____

Parent(s) Group Leader _____

WHAT DO YOU FEEL WENT WELL THIS WEEK:

WHAT DO YOU FEEL NEEDS TO BE WORKED ON:

ANY INCIDENTS THIS WEEK?

Youth Signature _____