

**DAILY RECORD OF CLIENT CONTACT HOURS**

Directions: Record the amount of minutes you spend with each of these client groups each day. You may want to record separately the specifics of the client counseling experiences (e.g.: age, focus of session, size of group). Duplicate form as needed.

Week of \_\_\_\_\_

<b>Day</b>	<b>Individual</b>	<b>Couples</b>	<b>Family</b>	<b>Group</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours				

Total Client Contact Hours \_\_\_\_\_

Week of \_\_\_\_\_

<b>Day</b>	<b>Individual</b>	<b>Couples</b>	<b>Family</b>	<b>Group</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours				

Total Client Contact Hours \_\_\_\_\_