

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 _____

Day	Individual	Couples	Family	Group
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours				

Total Client Contact Hours _____

Week of _____

Day	Individual	Couples	Family	Group
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Hours				

Total Client Contact Hours _____