Form C-2-Internship

WEEKLY RECORD OF CLIENT CONTACT HOURS

Directions: Record the amount of minutes you spend with each of these client groups each week. 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	**Date**	**Individual**	**Couples**	**Family**	**Group**
WEEK #					
WEEK #					
WEEK #					
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WEEK #					
WEEK #					
WEEK #					
WEEK #					
WEEK #					
WEEK #					
WEEK #					
WEEK #					
Total Hours 0.00		0.00	0.00	0.00	0.00

Student Signature _____ Date_____

Site Supervisor Signature_____ Date_____

Total Client Contact Hours: 0.0 _____ *(time rounded to the nearest half hour)*