APPENDIX XII
MONTHLY LOG

NAME: _____

DATE (Month, Year): _____

STUDENT'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

CLINICAL HOURS CHART

Date	1. Client Contact Hours					2. Supervision		3. Placement	4. Prep Hours	5. Total Hours
	1a Individuals	1b Couples	1c Group	1d Family	Total Client Contact Hours 1a+1b+1c+1d	Individual	Group	staff meetings, paperwork, in-service, etc.		
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Client contact hours brought forward		Total hours brought forward	
Cumulative Clinical Contact Hours		**Cumulative Total Hours**	