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**	