

Week	14	15	16	17	18	19	20	21	22	23	24	25	26
Start date of week													
Direct Contact													
Intake Interview													
Therapy Session													
Assessment Testing													
Consultation													
Indirect Contact													
Chart Review													
Progress Notes													
DVD Review													
Session Planning													
Readings													
Score/ Interpret Measures													
Report Writing													
Collateral Contacts / Calls													
Supervision													
Individual													
Group													

Signature		
I certify that all of the clinical hours information documented above is true to the best of my knowledge and belief.		
Student Trainee Name PRINT	Student Trainee Signature	Date