

**FORM 1 - Client Contact Hours**  
**RECORD OF WEEKLY SITE HOURS**

Week	Date	Individual	Couple	Family	Group	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
<b>Total</b>						

Total Client Contact Hours \_\_\_\_\_ Term/Year \_\_\_\_\_ Name of Internship Site \_\_\_\_\_

Intern's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_