

## Post-Doctoral Residency Hours Log

Name: \_\_\_\_\_

Week of : \_\_\_\_\_

Direct Services Face to Face								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Individual Therapy								
Family Therapy								
Group Therapy								
Crisis Intervention								
Psych. Testing								
Telephone Contact								
Lectures/ Presentations								
Other:								

### Direct Services

Treatment Plan Development								
Consultation								
Documentation Chart Review								
Other:								

### Supervision

Individual Supervision								
Group Supervision								

	<b>Total Supervision Hours-for this week</b>	
	<b>Total Client Contact Hours- for this week</b>	

<b>Cumulative Supervised Hours</b>	
<b>Cumulative Client Contact Hours</b>	

Supervisor's Signature	Date
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