|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency:** | Enter Agency Name | | | | | |
| **Program:** | Enter Program Name | | | | | |
| **Location:** | Enter Location | | | | | |
| **Date of Session:** | Enter Date | **Start Time:** | Enter Start Time | | **End Time:** | Enter End Time |
| **Topic of Session:** | Enter Topic of Group | | | | | |
| **Person Served Printed Name** | | | | **Person Served Signature** | | |
| 1. | | | |  | | |
| 2. | | | |  | | |
| 3. | | | |  | | |
| 4. | | | |  | | |
| 5. | | | |  | | |
| 6. | | | |  | | |
| 7. | | | |  | | |
| 8. | | | |  | | |
| 9. | | | |  | | |
| 10. | | | |  | | |
| 11. | | | |  | | |
| 12. | | | |  | | |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Counselor/LPHA Printed Name(s) | Counselor/LPHA Signature(s)\* | Date |
| 1. Enter Name |  |  |
| 2. Enter Name |  |  |

\*By signing the sign-in sheet, the LPHA(s) and/or Counselor(s) attest that the sign-in sheet is accurate and complete.