



Sample Summary Counselling Log

Name of Counsellor: _____

Name of Supervisor: _____
(Please use a new page for each different supervisor)

| | Client Initials | Adult <small>(please tick)</small> | Adolescent <small>(please tick)</small> | Child <small>(please tick)</small> | Number of Sessions | Total Counselling Time <small>(in hours)</small> |
|----|------------------------|--|---|--|---------------------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| | Totals | | | | | |

I declare that this log truly represents time I spent as the counsellor conducting counselling sessions with the described clients.

Signature of Counsellor: _____

Date: _____

