

Group Counseling Sign-In Sheet

Agency	
Program	

Date		Start Time		End Time	
Topic					

Participant Printed Name	Participant Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

LPHA and/or Counselor(s) Printed Name(s)	LPHA and/or Counselor(s) Signature(s)*	Date
1.		
2.		

*By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete. **NOTE:** the LPHA(s) and/or counselor(s) conducting the session must print their name, sign, and date the sign-in sheet on the same day of the session.