

**Small Group Log**

Group:

Counselor: Day/Time:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Student’s Name | Signature | Date of Session |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

|  |  |
| --- | --- |
| **Session/ Date** | **Topic/Activity/Notes** |
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 Direct Student Services 3.2