

Group Sign-In Sheet

Date: _____

Start Time: _____ End Time: _____

Topic of the Session:	
Counselor Printed Name, Title:	Counselor Signature:
Co-Facilitator Printed Name, Title:	Co-Facilitator Signature:

DMC – number in group is a minimum of 2 and maximum of 12

Clients Must Print and Sign Their Name:

	Print Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Administrative Use Only:

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