Counselor Weekly Log

Date: _____ School: _____ Counselor: _____ Fall: _____ Spring: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Direct Counseling						
Individual						
Group						
Parents						
Crisis						
Total Minutes Counseling						
Indirect Services						
Classroom Guidance						
Coordinating						
Consulting						
Testing						
Bus Duty						
Cafeteria Duty						
School Events						
Other						
Student/Counselor Minutes						
Percentage of Time Counseling						
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	
Outside School Day						
Students						
Parents						
Students/Parents						
Staff						
Meetings						
Total Minutes Outside School Day						