



Group Counseling Sign-In Sheet

AGENCY:	PROGRAM NAME:
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DATE OF GROUP:	START TIME:	END TIME:
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NAME OF GROUP:
GROUP TOPIC:

	PARTICIPANT PRINTED NAME	PARTICIPANT SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Therapist/Counselor Printed Name

Therapist/Counselor Signature

Date