**INDIVIDUAL**

Client:

Location:

**DIRECT SERVICE LOG**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time In** | **Service Provided** | **Time**  **Out** | **Total Hrs.** | **Parent/Guardian**  **Signature \*** | **Therapist**  **Signature** |
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***\*Initialing/signing acknowledges that the therapist provided the listed direct services for the noted date and time.***