SOUTHERN CALIFORNIA COUNSELING CENTER SCHOOL-BASED COUNSELING PROGRAM MONTHLY CLIENT ATTENDANCE SHEET

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*If client has never been seen by SCCC counselor please write NC to denote New Client Client Name (first, last) Grade Level	Date of Birth	Gender	Ethnicity	Individual Therapy: Dates of sessions this month	Family Therapy: Sessions at SCC this month	Group Therapy: Dates/Names of SCCC groups this month