Mental Health Daily Log for SBS

Facility:_____ **Date:**_____ **Therapist:**_____

Directions: Record time in minutes *Circle longest time per group session*

Organize group sessions in far left column.

Codes:	**I=Individual 1-1**	**G=Group 2-8**	
Units:	**1>=8-15**	**2=16-30**	**3=31-45**	**4=46-60**

Grp		Individual		Group		Totals per Person	
	Name	Actual Time in Minutes	Units	Actual Time in Minutes	Units	Actual Minutes	Units
	Summary	**Total I Minutes**	**Total I Units**	**Total G Minutes**	**Total G Units**		

TOTALS **Units (I+G):** **Time (I+G):**

MH Signature_____ **MH Signature**_____