

Interaction Log

NAME: _____ DATE: _____

STAFF NAME: _____

ATTENDANCE: _____ Attended _____ Excused Absence _____ Did not attend

MEETING LOCATION _____ Reality Check _____ Jail _____ Phone
Other place: _____

SERVICE PROVIDED: _____ Coaching _____ Counseling _____ Phone Check-in/support
_____ Group _____ Resource help _____ Other _____

Session Notes (*list progress made on goals*)

CHALLENGES

OTHER SUPPORT NEEDED OR REFERALLS

Staff signature: _____