



KENYA COUNSELLING AND PSYCHOLOGICAL ASSOCIATION

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**KCPA CLIENT LOG IN FORM
SUMMARY OF CLIENT CONTACT HOURS**

CLIENT CODE	DATE		NUMBER OF HOURS	NUMBER OF SESSIONS	PRESENTING PROBLEM & MAIN ISSUES EXPLORED
	FROM	TO			
Hours (this page)					
Cumulative Total hours					

Name of Counselor: _____ KCPA No _____ Sign _____ Date _____

Name of Supervisor: _____ KCPA No. _____ Sign _____ Date _____