Name: _____ Date:_____

Primary Counselor: _____

WEEKLY PROGRAM ATTENDANCE

DATE	DAY	ACTIVITY (Individual Counseling, Medical Appointment)	GROUP	LOCATION	TOTAL TIME	COUNSELOR'S SIGNATURE

Counselor's Comments 1. Total groups/activities attended for the week: _____ 2. Total points for the week (1 activity/group=1 pt, 3 pts=1 pick) _____

Please submit this sheet to _____ *two days prior to Fishbowl Incentives*

Source: *New York City Health and Hospitals Corporation.* Adapted with Permission.