

BEHAVIOR EDUCATION & MANAGEMENT SERVICES

Parent Sign-In Sheet

Child's/Consumer's: _____ **Samaritan Counseling Center**
UCI Number: _____ **Vendor: # PJ2085**
Month/Year: _____

Codes: A-Assessment I-Intervention P-Parent Class

**Date Code Hours Time-In Time-out Parent/Verifying
Signature**

Date	Code	Hours	Time-In	Time-out	Parent/Verifying

Staff Name: _____

Staff Signature: _____

Date: _____