

COOK COUNSELING CENTER  
SEMESTER STAFF ACTIVITY REPORT

Staff Member \_\_\_\_\_ Semester \_\_\_\_\_

INDIVIDUAL CONTACT HOURS  
(not to be filled in by staff)

I	C	NS	CAN	ASTU	AFAC	ASTF

CONSULTATION OUTREACH

<u>Date</u>	<u>Description</u>	<u>Total</u>
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DIRECT SERVICE OUTREACH

<u>Date</u>	<u>Description</u>	<u>Totals</u>
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PUBLICATIONS AND PROFESSIONAL PRESENTATIONS

Date

Description

PRIMARY IN-HOUSE SERVICE PROGRAMS

Date

Description

Total

ADMINISTRATIVE AND OTHER ACTIVITIES