



Clinic Appointments - Client:

DAY 1 PM: Tuesday

NAME _____ (Client)

Instructions for CLINICS:

- In general, please schedule 30 minutes during each submission period (e.g. one AM and one PM) to meet with your client.
- Leave opportunities for the other clinics. Do not schedule more than one session during each submission period – unless all other clinics are already scheduled.

TIME	Group Number & Name
3:00	
3:15	
3:30	
3:45	
4:00	
4:15	
4:30	
4:45	



Clinic Appointments - Client:

DAY 2: Wednesday

NAME _____ (Client)

Instructions for CLINICS:

- In general, please schedule 30 minutes during each submission period (e.g. one AM and one PM) to meet with your client.
- Leave opportunities for the other clinics. Do not schedule more than one session during each submission period – unless all other clinics are already scheduled.

TIME	Group Number & Name	TIME	Group Number & Name
10:00		2:00	
10:15		2:15	
10:30		2:30	
10:45		2:45	
11:00		3:00	
11:15		3:15	
11:30		3:30	
11:45		3:45	
		4:00	
		4:15	
		4:30	
		4:45	



Clinic Appointments - Client:

DAY 3 PM: Thursday

NAME _____ (Client)

TIME	Group Number & Name
9:30	
9:45	
10:00	
10:15	
10:30	
10:45	
11:00	
11:15	

DEBRIEFING SESSIONS

1:00 – 4:15

- schedule 40-45 minutes each for debriefing on Thursday afternoon
- Use the appointment schedule on your facilitator's door (**NOT** here on the client's schedule).