

Peer Counselor Weekly Activity Log

Week Ending Date _____

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Name _____ Clinic/Local Agency _____ Total Hours _____

Date	Name of Contact	For Client Contact Only							Prenatal	Postpartum-bf	Postpartum-Non bf	Training / Inservice	Peer Counselor Mtg	PC Promotion Activity	Consultations	Clerical/Admin.	Home Study	Number of Hours	Remarks
		Telephone Counsel	Text Message	Group/Class	Home Visit	Clinic Visit	Hospital Visit	Other Contact											
Totals																			

15 minutes = ¼ = .25 30 minutes = ½ = .50 45 minutes = ¾ = .75 1 hour = 1