McGill

Department of Educational and Counselling Psychology
Psycheducational and Counselling Clinic

Client Name: _____ **Client Code:** _____

Trainee Name:_____ **Trainee McGill ID:**_____

Case Chronology

Date	Time	Task/Documents created/collected (should include all communication – phone, emails, sessions, etc., and specifics of assessments completed)	Trainee Initials