THREE RIVERS INC.
TRANSITIONAL LIVING SKILLS TRAINING LOGS

CONSUMER NAME:_____ **TRAINER NAME:**_____

DATE: TIME IN: AM/PM TIME OUT: AM/PM TOTAL TIME=

GOAL NUMBER WORKED ON: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

DATE: TIME IN: AM/PM TIME OUT: AM/PM TOTAL TIME=

GOAL NUMBER WORKED ON: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

_____ TLS Signature

_____ Consumer Signature

PAGE TOTAL TIME

My signature verifies the above information is true and correct.