



Clinic Appointments – Facilitator:

DAY 1: Tuesday

NAME _____ (Facilitator)

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.
- You should also schedule 15-30 minutes to meet with your facilitator each day or before each submission. (Use the schedule on your facilitator’s door.)
- 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
1:00	
1:15	
1:30	
1:45	
2:00	
2:15	
2:30	
2:45	
3:00	
3:15	
3:30	
3:45	
4:00	
4:15	
4:30	
4:45	
5:00	



Clinic Appointments – Facilitator:

DAY 2: NAME _____ (Facilitator)

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.
- You should also schedule 15-30 minutes to meet with your facilitator each day or before each submission. (Use the schedule on your facilitator’s door.)
- 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
9:00		1:00	
9:15		1:15	
9:30		1:30	
9:45		1:45	
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	
12:00		4:00	
12:15		4:15	
12:30		4:30	
12:45		4:45	
		5:00	



Clinic Appointments – Facilitator:

DAY 3: **FACILITATOR NAME** _____

MORNING

Time	Group Number & Name
9:00	
9:15	
9:30	
9:45	
10:00	
10:15	
10:30	
10:45	
11:00	
11:15	
11:30	
11:45	
12:00	
12:15	
12:30	
12:45	

**DEBRIEFING
SESSIONS**

1:00 – 4:00

**– 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).



Clinic Appointments – Facilitator:

DAY 3:

FACILITATOR _____

AFTERNOON

DEBRIEFING SCHEDULE

For Thursday afternoon you should schedule a 45 minute block to meet with your client and facilitator (together).

We will try our best to keep to this schedule.

If your clinic is still working on a diagnosis and/or final recommendations on your case, please schedule one of the later time slots.

Your facilitators may also decide to assign the time slots. There should only be a schedule on ONE facilitator’s door so that clients don’t get double scheduled for the same time.

ROOM _____

Please make sure that the DEBRIEFING schedule is only posted on only ONE of the facilitator’s doors so that clients don’t get double booked.

NEW FACILITATORS: Please mark off the first appointment so that you can FIRST observe/sit in on one debriefing session before you do your own.

Time	Group Number & Name
1:00-1:45	
1:45-2:30	
2:30-3:15	
3:15-4:00	