



PARENT CONTACT LOG SHEET

Date	Student Phone#	Parent	Type	Summary of Communication	Signature
		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other	<input type="checkbox"/> In person <input type="checkbox"/> Home Visit <input type="checkbox"/> Phone <input type="checkbox"/> Note	<input type="checkbox"/> Situation resolved <input type="checkbox"/> Requires more attention	
		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other	<input type="checkbox"/> In person <input type="checkbox"/> Home Visit <input type="checkbox"/> Phone <input type="checkbox"/> Note	<input type="checkbox"/> Situation resolved <input type="checkbox"/> Requires more attention	
		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other	<input type="checkbox"/> In person <input type="checkbox"/> Home Visit <input type="checkbox"/> Phone <input type="checkbox"/> Note	<input type="checkbox"/> Situation resolved <input type="checkbox"/> Requires more attention	
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