

# School District

## PARENT CONTACT LOG

Name: \_\_\_\_\_

IEP Date: \_\_\_\_\_

Parent/Guardian:

Triennial Date: \_\_\_\_\_

PARENT    GUARDIAN    SURROGATE

Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Alternate: \_\_\_\_\_

---

Case Manager: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

People invited to meeting:

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Administration              | <input type="checkbox"/> Resource Specialist | <input type="checkbox"/> Special Class Teacher | <input type="checkbox"/> Adapted PE  |
| <input type="checkbox"/> Nurse                       | <input type="checkbox"/> Psychologist        | <input type="checkbox"/> Student               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Speech/Language Pathologist | <input type="checkbox"/> Program Specialist  | <input type="checkbox"/> General Ed.           |                                      |

Parent insists being present at meeting.  YES  NO

Parent was present at meeting:

Parent consents meeting w/out being present.  YES  NO

Parent was not present at meeting:

---

### FIRST ATTEMPT:

Contact Date: \_\_\_\_\_

Person Making Contact : \_\_\_\_\_

Contact Mode:  In Person    Letter    Phone

Parent/Guardian or Representative in Attendance:  Yes  No

Contact Success:  YES  NO

Contact Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### SECOND ATTEMPT:

Contact Date: \_\_\_\_\_

Person Making Contact: \_\_\_\_\_

Contact Mode:  In Person    Letter    Phone

Contact Success:  YES  NO

Contact Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### THIRD ATTEMPT:

Contact Date: \_\_\_\_\_

Person Making Contact: \_\_\_\_\_

Contact Mode:  In Person    Letter    Phone

Contact Success:  YES  NO

Contact Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_