

FAMILY CONTACT REPORT

PARENT/CHILD: _____

CLASSROOM: _____

MONT/YEAR: _____

Notes/Comments Reason for Contact *Briefly Describe the reason for each contact					
Other					
IEP Meetings					
Attendance Referrals/Attendance Information					
Child Placement : Enrollment, Updates					
Emergency/Crisis: Food, Clothing, Shelter, Transportation, Christmas Help					
Housing: Public Asst, Utilities, Repairs					
Employment: Job Search Assistance, Training/Assistance					
Parent Volunteering/Parent Involvement					
Nutrition/WIC					
Child Abuse/Neglect					
Financial/Legal Assistance/Child Support					
Substance Abuse /Prevention					
Domestic Violence/Marital Assistance					
Health : Head Lice, Wellness/Medical, Vision/Dental/Hearing					
Nutrition: WIC					
Mental Health: Speech, Behavior, Counseling, Developmental					
Adult Education: GED, College, Parent Classes, Voc-Tech					
Parent Classes/Workshops/KLiteracy					
Home Visit Contacts					
Classroom/Other Contacts					
Phone Contacts					
FPA Follow-ups					
Family Partnership Agreements					
DATE					

NOTES/COMMENTS: _____

STAFF SIGNATURE: _____

*REPORT IS DUE EACH MONTH

FAMILY CONTACT REPORT: TALLY SHEET

MONTH/YEAR: _____

NOTES/COMMENTS: Referrals
 [..... Family Contact] [Referrals]
 [..... Referrals]

Notes		
IEP Meetings		
Attendance Referrals/Attendance Information		
Child Placement : Enrollment, Updated Information, etc.		
Emergency/Crisis: Food, Clothing, Shelter, Transportation, Christmas Help		
Housing: Public Asst, Utilities, Repairs		
Employment: Job Search Asst, Training/Assistance		
Parent Volunteering/Parent Involvement in Program		
Nutrition/WIC		
Child Abuse/Neglect		
Financial/Legal Assistance/Child Support		
Substance Abuse /Prevention		
Lice Referrals		
Dental/Hearing/Vision		
Domestic Violence/Marital Assistance		
Health : Head Lice, Wellness/Vision/Dental/Hearing/Medical		
Nutrition: WIC		
Mental Health: Speech, Behavior, Counseling, Dev.		
Literacy		
Adult Education: GED, College, Parent Classes, Voc-Tech		
Parent Classes/Workshops,		
Home Visit Contacts		
Classroom/Other Contacts		
Phone Contacts		
FPA Follow-ups		
Family Partnership Agreements		
	TABULATIONS	
		TOTAL

STAFF SIGNATURE: _____ ***REPORT IS DUE EACH MONTH**