

# Hello, Hello!



DATE: _____	STUDENT NAME: _____	GRADE: _____
TIME: _____	PARENT NAME(S): _____	
<input type="checkbox"/> EMAIL	NOTES:	
<input type="checkbox"/> PHONE CALL		
<input type="checkbox"/> IN-PERSON		
<input type="checkbox"/> NOTE		
<input type="checkbox"/> PARENT CONFERENCE	FOLLOW UP REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE COMPLETED: _____
<input type="checkbox"/> OTHER:		

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<input type="checkbox"/> OTHER:		





# PARENT CONTACT LOG

DATE: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TIME: \_\_\_\_\_ PARENT NAME(S): \_\_\_\_\_

NOTES:

EMAIL

PHONE CALL

IN-PERSON

NOTE

PARENT CONFERENCE

OTHER:

FOLLOW UP REQUIRED:  YES  NO DATE COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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