

Communication Log

Name: _____

Student ID: _____

Date	Initiated By	Reason for Contact	Notes/Outcome
_____	<input type="checkbox"/> Teacher <input type="checkbox"/> School Counselor <input type="checkbox"/> School Social Worker <input type="checkbox"/> Administrator	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face to Face Conf.	
_____	<input type="checkbox"/> Teacher <input type="checkbox"/> School Counselor <input type="checkbox"/> School Social Worker <input type="checkbox"/> Administrator	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face to Face Conf.	
_____	<input type="checkbox"/> Teacher <input type="checkbox"/> School Counselor <input type="checkbox"/> School Social Worker <input type="checkbox"/> Administrator	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face to Face Conf.	
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<hr/>	<input type="checkbox"/> Teacher <input type="checkbox"/> School Counselor <input type="checkbox"/> School Social Worker <input type="checkbox"/> Administrator	Phone Email Face to Face Conf.	
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Revised 9/13/19