



Teacher
Name: _____.

Dept.: _____.

Week of: _____.

Admin. Signature _____

Dept. Chair. Signature _____

Teacher
Signature Signature _____

EDCOUCH-ELSA HIGH SCHOOL
PARENT CONTACT FORM
2016-2017

PARENT CONTACTS SHOULD BE MADE FOR ANY STUDENT WITH A WEEKLY GRADE AVERAGE OF 70 OR BELOW.

	STUDENT NAME/ ID #	GRADE LEVEL	PHONE NUMBER	TIME CALLED	PERSON CONTACTED	WEEKLY GRADE	STUDENT ATTENDED TUTORIAL YES/NO	DAILY ATTENDANCE					COMMENTS
1								M	T	W	T	F	
2								M	T	W	T	F	
3								M	T	W	T	F	
4								M	T	W	T	F	
5								M	T	W	T	F	
6								M	T	W	T	F	
7								M	T	W	T	F	
8								M	T	W	T	F	
9								M	T	W	T	F	
10								M	T	W	T	F	

NOTE:

IF THERE IS NO ANSWER, THE PHONE IS DISCONNECTED, OR IF IT IS THE WRONG PHONE NUMBER, PLEASE INFORM THE FRONT OFFICE SO THAT A HOME VISIT MAY BE SCHEDULED. **PARENT CONTACTS MUST BE SUBMITTED WEEKLY.**