

Wayne County GSRP Family Contact Form

These materials were developed under a grant awarded by the Michigan Department of Education



Guidance:

- Use this form for contact with parents beyond daily drop-off and pick-up time check-ins.
- You might keep copies of this form near the sign in table and phone.
- Use one form per contact; keep them in the child's file; this is not a running record.

Child's Name: _____ Date: _____

Classroom: _____ Time: _____

Staff Present: _____

Family Members Present: _____

Phone
 Meeting
 E-Mail
 Arrival
 Dismissal
 Other: _____

Reason for Family Contact:
Summary:
Family Concerns and/or Comments:
Family Support Needed: <input type="checkbox"/> At Home Learning Resources <input type="checkbox"/> Referral Needed For: _____ <input type="checkbox"/> Community Services Information <input type="checkbox"/> Other: _____
Follow-up: <input type="checkbox"/> Schedule Meeting <input type="checkbox"/> Revise Child Goals <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Parent/Guardian's Signature: _____
Staff Name: _____
Signature: _____