

CENTER _____

Doña Ana County Head Start

Month _____

Family / Staff Referral and Contact Log

Date	Name of Parent/Staff	Child's Name/Staff Position	Type of Contact		Phone #	Contact (short description, left message)	Initials
			By phone	In person			
	To: From:						
	To: From:						
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When documenting referrals and Contacts with staff/families, write first and last names, a short description of the contact being made and your initials next to every entry.
Black or Blue pens only-NO PENCILS. Complete each sheet before starting another one. Circle "To" or "From" on each call. Turn in at the end of every month.
FSContact/FS/6.08 1.12