**EDCOUCH ELSA HIGH SCHOOL**

 **PARENT CONTACT FORM**

 **2019-2020**

Teacher

Name: . Dept.: . Week of: .

Admin. Signature Dept. Chair. Signature

Teacher

Signature Signature

**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.**