

Child's Name: \_\_\_\_\_ School/agency: \_\_\_\_\_

## Communication Log

Date:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person
Who initiated:	Who participated, received, or attended:			
What prompted the communication:				
What was discussed:				
What was decided:				
Date:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person
Who initiated:	Who participated, received, or attended:			
What prompted the communication:				
What was discussed:				
What was decided:				
Date:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person
Who initiated:	Who participated, received, or attended:			
What prompted the communication:				
What was discussed:				
What was decided:				

For additional copies of this form visit [livoniaptscouncil.org](http://livoniaptscouncil.org)