

**The Public Schools  
West Orange, New Jersey**

**Title I/BASIC SKILLS IMPROVEMENT PROGRAM**  
**PARENT CONTACT LOG**

**SCHOOL:**

**YEAR:**

Date	Family of:	Contact	Content of Contact Check as many as pertain.	
	<input type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Meeting	<input type="checkbox"/> Reasons for inclusion in program <input type="checkbox"/> Level of Intervention <input type="checkbox"/> Methodology/Instructional Practices <input type="checkbox"/> Meet individual strengths & needs <input type="checkbox"/> Purpose (Language Arts/Math) <input type="checkbox"/> Child's Progress (Small Group/Regular Class) <input type="checkbox"/> Exit requirements	<input type="checkbox"/> Assessment Results <input type="checkbox"/> BSIP assist w/ IEP for SE Student <input type="checkbox"/> Parent Rights <input type="checkbox"/> Alternative Programs (ESL, SE, After-School Tutoring, Peer Tutoring) <input type="checkbox"/> Assistance w/ program/school policies & practices <input type="checkbox"/> Other:
	<input type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Meeting	<input type="checkbox"/> Reasons for inclusion in program <input type="checkbox"/> Level of Intervention <input type="checkbox"/> Methodology/Instructional Practices <input type="checkbox"/> Meet individual strengths & needs <input type="checkbox"/> Purpose (Language Arts/Math) <input type="checkbox"/> Child's Progress (Small Group/Regular Class) <input type="checkbox"/> Exit requirements	<input type="checkbox"/> Assessment Results <input type="checkbox"/> BSIP assist w/ IEP for SE Student <input type="checkbox"/> Parent Rights <input type="checkbox"/> Alternative Programs (ESL, SE, After-School Tutoring, Peer Tutoring) <input type="checkbox"/> Assistance w/ program/school policies & practices <input type="checkbox"/> Other:
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