

Tri-County Head Start/Early Head Start
Family Contact Form

Date _____ Time Started _____ Time Ended _____

Type of Contact: _____ Home Visit _____ Office/Center _____ Telephone _____

Child's Name _____ Center _____

Parent's Name _____

Purpose of Contact _____

Parent's Comments _____

Staff's Comments _____

Action Taken _____

Parent/Guardian Signature

Date

Staff Signature

Date