

STUDENT CONTACT

1st Contact Initials: _____

2nd Contact Initials: _____

STUDENT NAME: _____

CAMPUS ID# _____ DATE (M/D/Y): _____

Time in: _____ Time out: _____

REASON (Check all that apply):

CASAS - Form #(s) _____

Practice GED- Form Letters/Subject _____

Schedule Change/Update

Other _____

COMMENTS _____

(Complete this form for **all student contacts, **except new intakes and study groups**. For new intakes, complete "**NEW STUDENT Intake Checklist**" form. Study groups use **attendance sheets**. Attach to appropriate paperwork.*

Thank you!

STUDENT CONTACT

1st Contact Initials: _____

2nd Contact Initials: _____

STUDENT NAME: _____

CAMPUS ID# _____ DATE (M/D/Y): _____

Time in: _____ Time out: _____

REASON (Check all that apply):

CASAS - Form #(s) _____

Practice GED- Form Letters/Subject _____

Schedule Change/Update

Other _____

COMMENTS _____

(Complete this form for **all student contacts, **except new intakes and study groups**. For new intakes, complete "**NEW STUDENT Intake Checklist**" form. Study groups use **attendance sheets**. Attach to appropriate paperwork.*

Thank you!