

**Jackson City School
Teacher-Parental Contact Form**

Teacher: _____ **School Year:** _____

Student: _____ **Parent:** _____

Date: _____ **Method of Contact:** _____

Topic Discussed: _____

Comments: _____

Student: _____ **Parent:** _____

Date: _____ **Method of Contact:** _____

Topic Discussed: _____

Comments: _____

Student: _____ **Parent:** _____

Date: _____ **Method of Contact:** _____

Topic Discussed: _____

Comments: _____

Student: _____ **Parent:** _____

Date: _____ **Method of Contact:** _____

Topic Discussed: _____

Comments: _____

Our Consolidated Plan requires 10 parental contacts by phone or by private conversation per semester.