



Kansas Migrant Education Program
 District Liaison Contact Log

Project/District: _____

District Liaison Signature: _____

DATE / TIME	CONTACT	PERSON / AGENCY CONTACTED	PURPOSE	NARRATIVE / COMMENT
Date: _____ From: _____ To: _____ Mileage: _____	<input type="checkbox"/> Face to Face <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Agency <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____		<input type="checkbox"/> OSY Visit <input type="checkbox"/> Home School Liaison <input type="checkbox"/> Social Service <input type="checkbox"/> Referral/Assistance <input type="checkbox"/> Other: _____	
Date: _____ From: _____ To: _____ Mileage: _____	<input type="checkbox"/> Face to Face <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Agency <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____		<input type="checkbox"/> OSY Visit <input type="checkbox"/> Home School Liaison <input type="checkbox"/> Social Service <input type="checkbox"/> Referral/Assistance <input type="checkbox"/> Other: _____	
Date: _____ From: _____ To: _____ Mileage: _____	<input type="checkbox"/> Face to Face <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Agency <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____		<input type="checkbox"/> OSY Visit <input type="checkbox"/> Home School Liaison <input type="checkbox"/> Social Service <input type="checkbox"/> Referral/Assistance <input type="checkbox"/> Other: _____	
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