



Kansas Migrant Education Program

Recruiter Contact Log

Project/District: _____

Recruiter 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"/> COE Completion <input type="checkbox"/> Home School Liaison <input type="checkbox"/> Social Service <input type="checkbox"/> Referral/Assistance <input type="checkbox"/> Active ID&R <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"/> COE Completion <input type="checkbox"/> Home School Liaison <input type="checkbox"/> Social Service <input type="checkbox"/> Referral/Assistance <input type="checkbox"/> Active ID&R <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"/> COE Completion <input type="checkbox"/> Home School Liaison <input type="checkbox"/> Social Service <input type="checkbox"/> Referral/Assistance <input type="checkbox"/> Active ID&R <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"/> COE Completion <input type="checkbox"/> Home School Liaison <input type="checkbox"/> Social Service <input type="checkbox"/> Referral/Assistance <input type="checkbox"/> Active ID&R <input type="checkbox"/> Other: _____	