

SCHOOL CONTACTS SHEET

Education Specialist:	Phone:	E-mail:
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SCHOOL INFORMATION

Child's Name: _____ Grade: _____

School: _____

School Address: _____

Phone: _____ Website: _____

IMPORTANT SCHOOL STAFF

Principal:

Phone: _____ Email: _____

Guidance Counselor Social Worker

Name: _____

Phone: _____ Email: _____

Parent Coordinator:

Phone: _____ Email: _____

TEACHER(S)

Name: _____ Subject: _____

Phone: _____ Email: _____

UPCOMING DATES

Meeting/Event: _____ Date: _____

Time: _____ Location: _____

ADDITIONAL INFORMATION