



AMITYVILLE UNION FREE SCHOOL DISTRICT
AMITYVILLE, NY 11701

PUPIL PERSONNEL SERVICES AND SPECIAL EDUCATION DEPARTMENT

ATTEMPTED CONTACT FORM

Student's Name: _____ **Date:** _____
Date of Birth: _____ **Grade:** _____
School: _____
Referring Person/Title/Signature: _____

Please use this form to document attempted contacts for examples such as:

- Consent for Initial Eligibility
- Scheduling of Reevaluation Reviews and other CPSE/CSE-related meetings
- Signature for an Agreement-No Meeting
- Signature for Other Forms
- CPSE/CSE Meeting Consents
- CPSE Transportation Forms
- Residency Checks

The following attempts were made to contact the parent/guardian of the above referenced student for:

(Reason)

DATE OF ATTEMPT	TYPE OF CONTACT AND SUMMARY OF RESULTS

Please include copies of any appropriate documentation (e.g: letters, notices, etc.).

FILING: This form is to be filed in the "Consent" section of the student's pupil personnel file.