



Today's Scholars. Tomorrow's Leaders.

BOARDING SCHOOL MONTHLY CONTACT LOG
ASSIST Rep: Please complete, sign and return monthly, thank you.

Student Name _____ School Name _____
Month of _____

Student Monthly Meeting:
(Please note areas of success, areas of concern)

Areas in which ASSIST can help and support you and the student:

ASSIST Representative

Date

Please mail or fax monthly to Kathy Willoughby

Revised 04/10