



Today's Scholars. Tomorrow's Leaders.

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

Student Name _____ School Name _____
Month of _____ *Host Family Name* _____

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

Host Family Monthly Update (via phone, email or in person):

Please indicate if the student will move to new host family. (Include name of HF and date of move)

Areas in which ASSIST can help and support you, the student and the host family

ASSIST Representative

Date

Please mail or fax monthly to Kathy Willoughby

Revised 04/10