Contact Log

Child Name:			**DOB:**
Provider Name & Credential:		☐ **Co-visit / with whom:**	
Attendance:	**Makeup for Missed On:**	**Cancellation Reason:**	
Date: 2/12/2025	**Time In:**	**Time Out:**	**Total Time:**
Service Type:	**Mandate:**	**Location:**	**Travel Time:**

Outcome(s) Addressed Today:

Setting the Stage: *(Gather updates, caregiver reflection, setting session targets)*

Observations & Opportunities/Problem Solving & Planning: *(Observe & provide opportunities for practice & feedback. Problem-solve with caregivers. Identify opportunities for embedding within routines.)*

Reflection & Review: *(Reflection of routine/session. Identify what worked for caregiver. Develop plan of action for embedding within routines.)*

Provider Signature:	**Caregiver Signature:**
Provider Printed Name & Credentials:	**Next Scheduled Visit:**
Provider Phone Number & Email Address:	