CONSULTANT LOG

(Sample log for Educational, Dental, Social Service and Dietician Consultants)

Consultant Name: _____ Effective Dates ___/____/____ to ____/____/____
d/m/y d/m/y

Services Provided: ____Educational ____Dental ____Social Service ____ Dietician

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Annual review of written policies, plans and procedures:

Date Reviewed Comments/Recommendations/Feedback

_____ _____

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Annual review of education programs:

Date Reviewed Comments/Recommendations/Feedback

_____ _____

_____

_____

Additional services provided:

May include telecommunication for advice regarding problems; in person consultation; consultation with administration and staff about specific problems; resources shared with staff and/or parent(s).

Date of Service Description of service provided:

_____ _____

_____ _____

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Documentation of the Consultant activities and observations listed above is required and must be kept on file at the facility for 2 years.