



Case # _____ (ABS use only)

BERGEN COUNTY TECHNICAL SCHOOLS/SPECIAL SERVICES

Parent/Guardian Notification Sheet – Principal or Designee Contact Sheet

Program Name: _____

Initial Contact

Target(s): 1. Name: _____ Grade: _____ Gender: Male Female

Date Parent/Guardian Contacted: _____ Time: _____ Phone #: _____

2. Name: _____ Grade: _____ Gender: Male Female

Date Parent/Guardian Contacted: _____ Time: _____ Phone #: _____

Principal/Designee Initials _____

Offender(s): 1. Name: _____ Grade: _____ Gender: Male Female

Date Parent/Guardian Contacted: _____ Time: _____ Phone #: _____

2. Name: _____ Grade: _____ Gender: Male Female

Date Parent/Guardian Contacted: _____ Time: _____ Phone #: _____

Principal/Designee Initials _____

Final Contact after Investigation

Victim #1: _____ Date & Time: _____ Parent/Guardian Contacted: _____

Victim #2: _____ Date & Time: _____ Parent/Guardian Contacted: _____

Offender #1: _____ Date & Time: _____ Parent/Guardian Contacted: _____

Offender #2: _____ Date & Time: _____ Parent/Guardian Contacted: _____

Principal/Designee Name: _____ Signature: _____ Date: _____