

EDUCATION CONSULTANT LOG

(sample)

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

Date of annual site visit: _____

Annual review of written policies, plans and procedures:

Date Reviewed	Comments/Recommendations/Feedback:
_____	_____

Review of daily plans, curriculum documents:

Date of Service	Comments/Recommendations/Feedback:
_____	_____

Observations of staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management:

Date of Service	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).

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