

# CONSULTANT LOG

(Sample log for Social Service or Dietician Consultant)

Consultant Name: \_\_\_\_\_ Effective Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
d/m/y d/m/y

Services Provided: \_\_\_\_ Social Service \_\_\_\_ Dietician

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**Annual review of written policies, plans and procedures:**

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.*