

Employer Contact Log

Supported Education and Employment Specialist: _____

Consumer: _____

Business/Location: _____ Date of contact: _____

Name of contact person: _____

Does this person have hiring responsibilities? (circle one) Yes No Unsure

(circle one) First Visit Second Visit Third Visit Fourth Visit Ongoing relationship building

Information learned about business or other notes:

Outcome/plan to follow up:

Supervisor Signature: _____ Date: _____