



# GEAR UP PARENT SERVICE LOG

GEAR UP PARENT NAME \_\_\_\_\_

LIAISON NAME \_\_\_\_\_

Date:	Time: (minutes)
<ul style="list-style-type: none"><li><input type="checkbox"/> Advising / Academic Planning</li><li><input type="checkbox"/> College Preparation / Financial Aid Workshop</li><li><input type="checkbox"/> Other: Phone</li><li><input type="checkbox"/> Other: Please specify below</li></ul>	
<p><b>Comments:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	