



CMT WEEKLY VISIT LOG : Student's name _____ Date _____

Date:					
Attendance (circle one)	Partial Day Full Day	Partial Day Full Day	Partial Day Full Day	Partial Day Full Day	Partial Day Full Day
Complaint					
Observed signs					
Treatment (i.e., rest, rx)					
Duration of symptoms					
Result of visit (circle one)	Returned to class Classroom adjustments Sent home	Returned to class Classroom adjustments Sent home	Returned to class Classroom adjustments Sent home	Returned to class Classroom adjustments Sent home	Returned to class Classroom adjustments Sent home

Guidance Comments: _____

Teacher Feedback:

Teacher Feedback:

Teacher Feedback:

