

**Kaleidoscope Family Solutions  
Progress Note  
No Contact Form**

Name of Provider: \_\_\_\_\_ Week starting: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Hours Not Completed: \_\_\_\_\_

Reason for incomplete hours:

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Did the family no show? (please circle) YES NO

If Yes to a no show did you leave a letter at the family's house when you were there? (please circle)

YES NO

When do you anticipate making up the hours?

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Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of KFS Staff: \_\_\_\_\_ Date: \_\_\_\_\_<sup>1</sup>

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<sup>1</sup> No Contact Log 1/05