

PARENT CONCERN FORM

The Board of Education at Leland School encourages students and parents to discuss their concerns and complaints through informal conferences with the appropriate teacher, staff member, or administrator. The issue should be brought forward within 14 days of the time when a reasonably alert person should have been aware of the event giving rise to a grievance. A written or documented verbal response must be made within 5 days of receipt of the parent concern form.

In order to better address concerns in a thorough and timely manner, please complete the information below and return to the main office.

Parent's Name	me 		Today'	Today's Date	
Student's Name			Grade	Level	
Phone Number			E-mai	l	
Incident Date(s)		Teacher's Name (if	applicable)		
Please briefly desc Text boxes will adjus		need: (<i>Please attacl</i>	h any additional do	cumentation if necessary.)	
Desired outcome: (Please briefly desc	cribe the outcome o	r resolution you ar	e seeking.)	
Prior communication	on - please check a	all that apply.			
I have spok	en with or had a cor	nference with the app	ropriate teacher rega	arding this situation.	
I have spok	en with or had a cor	nference with the Prin	cipal or Counselor re	egarding this situation.	
I have not y	et spoken with any s	staff member regardir	ng this incident.		
I request the follow	ring:				
A phone call	from the teacher	Phone call from	the counselor	Phone call from administrator	
A conference	with the teacher	Conference wit	h the counselor	Conference with administrator	
Parent Signature &	Date	Received By & D	ceived By & Date		