

PARENT COMMENTS TO THE DISTRICT

STUDENT NAME _____

Dear Parent,

This form is an opportunity for you to share your comments and feelings regarding the referral of your student to the District Case Management Team. Your comments and suggestions will be considered by this committee. Please provide us with any information you feel should be considered or that would help us in making a decision in this matter.

Is there any information you feel should be considered?

Did you have an opportunity to meet with an administrator to hear the allegations, possible disciplinary sanctions and present any information you had? Yes / No Explain:

Please use a separate page if needed.

Parent(s) Signature: _____ Date: _____

Return to: Davis School District – Student Services
Case Management Team
P.O. Box 588
Farmington, Utah 84025 Fax 402-5308

** Form needs to be received by Tuesday _____.