

Grants Pass School District
Documentation of Parental Concerns Relating to TAG Services

Name _____ Student's Name _____

Address _____

Phone _____ Date _____

1. What is the nature of your concern?

2. What action would you like to see taken?

3. If the above action is possible and appropriate, who do you feel should be involved in this action?

4. If the above action is possible and appropriate, what do you think would be a reasonable timeline for implementation and completion? _____

5. What kind of follow-up or documentation would be most helpful to you concerning this problem and the efforts to address it? _____

Signed _____