APPENDIX B –PROBLEM SOLVING FORM
PROBLEM SOLVING PROCESS FOR CONFLICT RESOLUTION

Name of person submitting:

_____

Date of initial discussion with administrator: _____

Name of School: _____

Date Initiated with Principal or Supervisor: _____

Description of Concern: _____

_____

_____

_____

_____

_____

Problem Solving Participants: _____

_____

Proposed Solution: _____

_____

_____

_____

_____

_____
Administrator

_____ _____
Date Teacher

Has this been resolved? Yes ☐
No ☐

If no, refer Problem Solving Form to Director.

Send copies of completed form to: **Human Resources**
Thompson Education Association