



THE LEARNING CHOICE
ACADEMY

TLC Parent/Staff Cooperative REQUEST FOR CONSIDERATION

Site you are enrolled: LM () CV () SR () Tem. ()

The Board of Trustees has designed a process for all communication requiring action from a staff member. Please return this form to your Educational Partner. If you have a concern, please discuss it with your Educational Partner. If you feel the need to further discuss the topic, you can formalize your questions through this process. If you are not satisfied with the response you receive, you may forward this form to the next person on the communication flow chart below. You must follow the sequence and complete the requested information below as needed.

This chain of command has to be followed; I have submitted this form to the following:

(1st) ___ My Educational Partner (EP) must be signed below Date Submitted _____

(2nd) ___ My site's Resource Ctr. Administrator must be signed below Date Submitted _____

(3rd) ___ The TLC Assistant Director must be signed below, Date Submitted _____

(4th) ___ The TLC Executive Director Date Submitted _____

(5th) ___ The TLC Board of Trustees Date Submitted _____

Name, Signature & Date of EP: _____
Name Signature Date

Name, Signature & Date of RCA: _____
Name Signature Date

Name, Signature & Date of Assist. Dir. _____
Name Signature Date

Your Idea/Event/Concern/Need:

**Purpose (please state why this is important to you/others)-include any barriers, ie:
Concerns that others might have and how they might be resolved if possible:**

What would you be willing to do to facilitate the action you would like to see? Are you requesting specific help/assistance/facilities/ or materials? If yes, please explain being as specific as possible:

What is the best way to contact you for a response? _____

Phone # _____

Email address _____