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 ____________________________

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