

CLAY-CHALKVILLE HIGH SCHOOL

PARENT CONCERNS FORM

STUDENT NAME: _____

DATE: _____

PARENT NAME: _____

CONTACT INFORMATION: Phone: _____

E-mail: _____

This form is intended for: Please check one

Michael Lee, Principal

Erica DeVaughn, Counselor

Kim Weaver, Assistant Principal

Laura Snowden, Counselor

Eugene Dallas, Assistant Principal

Alison Creighton, Counselor

Andrew Reid, Assistant Principal

Nature of the Concern: Please check all that apply

Academics

Behavior

Personal

Failing Grade

Discipline

Attendance Issues

Enrichment

Suspension

Residency Issues

Tutoring

Detention

Domestic Issues

ExEd/PST/504 Referral

Bus Suspension

Changes to the child's environment
the school needs to know about

Gifted Referral

Threats to harm self

Other (please explain)

Issues that may trickle
into school

Other (please explain)

Other (please explain)

Explanation:

Results of Conversation:

Please note the attention to this form will be given in order of concern or receipt. We will contact you and address your concerns within 24 or 48 hours.