Neighborhood Communication Form

Name: _____ Date: _____

Area(s) of communication: (Please check all that apply)

☐Concern with my child's teacher	☐Concern with a parent	☐Request for resources/conference
☐General question (s)	☐Billing/ Payments	☐Suggestion (s)
☐Co Worker to Co Worker Concern	☐Concern with a student	☐Administrative Request
☐Concern with environment	☐Parent To Parent conflict	☐Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

PLEASE PROVIDE DETAILS ABOUT YOUR AREA OF COMMUNICATION:

_____

_____

_____

_____

_____

How will communication be handled and what, if any, corrective steps will be taken for improvement?

☐Complete ☐ Incomplete ☐ Pending Repair

☐ Under Observation ☐Policy Change(s) ☐Working Solution Provided

_____

_____

_____

_____

_____

PLEASE RATE YOUR SATISFACTION OF HOW YOUR COMMUNICATION WAS HANDLED

☐ Extremely Satisfied ☐ Satisfied ☐ Dissatisfied

IF DISSATISFIED, WHAT STEPS WILL BE TAKEN TO ENSURE THIS MATTERS IS RESOLVED SATISFACTORY? To be completed by Director or Administrator ONLY:

_____

_____

_____

Parent/ Guardian Signature: _____

Director/ Admin Signature: _____