

In-Office Use ONLY

Issues/Concerns/Services Needed

- | | | |
|--|--|--|
| <input type="checkbox"/> Placement | <input type="checkbox"/> Alleged Corporal Punishment | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Special Education | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Parent/Student Rights | <input type="checkbox"/> Supervisor/Teacher Complaints | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Safety Issues | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Title I/NCLB | <input type="checkbox"/> School Leadership Teams | <input type="checkbox"/> PA/PTA |
| <input type="checkbox"/> Teacher Removals | <input type="checkbox"/> Discipline | <input type="checkbox"/> Exclusion from School |
| <input type="checkbox"/> Other _____ | | |

SECTION A. OFEA SCHOOL-LEVEL INTERVENTION

Staff Name/Title: _____ Phone Inquiry Walk-in Email
Date of Meeting: _____ Time: _____

Preliminary Notes:

Actions Taken to Resolve Concerns (include staff names and offices contacted):

(staff signature:) _____

SECTION B. OFEA DISTRICT-LEVEL INTERVENTION

Staff Name/Title: _____ Phone Inquiry Walk-in Email
Date of Meeting: _____ Time: _____

Actions Taken to Resolve Concerns (include staff names and offices contacted):

(staff signature:) _____

