TIMBERLINE

Peter Glahn
Principal

Matthew King
Assistant Principal

Michelle Larsen
Assistant Principal

PARENT CONCERN

Your Student: _____ Date: _____

Parent Name: _____ Parent Signature:_____
Please Print

Parent Phone #:_____

RE: _____
Teacher's Name (for concern or request)

- ☐ **PARENT'S CONCERN about the above named teacher**
- ☐ **PARENT'S REQUEST TO CHANGE to the above named teacher**

In an effort to provide information to improve instruction and the learning environment in the classroom, please give specific information pertaining to your student only.

What are your concerns or why are you making this request?

Additional space on back

Have you visited with the teacher? Yes ☐ No ☐

Parent Concern Form