



**CLACKAMAS DANCE
AND PERFORMING ARTS CENTER**

Student/Parent Concern

Student: _____ Class: _____

Parent: _____ Phone: _____

Date: _____ Person with concern: _____

Concern:

Recommendation:

Date: _____

Conversation with Parent/Student:

Who is having conversation?

What was discussed:

Final decision:

Decision agreed upon by:

Rapid Memo: _____ Yes _____ No

Date: _____