



# T.A.A.G.

## RESOLUTION/CLARIFICATION FORM

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If you have a question or concern you would like to address, please fill out the following information and leave with the office staff. We will make every attempt to provide you with the requested information, or resolve the noted issue.

To: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

From: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class/Level \_\_\_\_\_

I would like to discuss/receive more information on:

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- No meeting is necessary.
- I would like to schedule a meeting.

Office Use Only: