



Rockford Iqra School
5925 Darlene Dr. Rockford, IL 61109
(815) 397-6899

Parent - Administration Meeting

Student Name: _____ Grade: _____

Request Date: _____ • Translator needed: Yes No • Parent's Name: _____

The purpose of this meeting:

- | | |
|--|--|
| <input type="checkbox"/> Curriculum related | <input type="checkbox"/> Assigned work related |
| <input type="checkbox"/> Grades related | <input type="checkbox"/> Health & Safety concern |
| <input type="checkbox"/> Absenteeism/Tardiness | <input type="checkbox"/> Behavior issues |
| <input type="checkbox"/> Peer Concerns | <input type="checkbox"/> Concerns about: _____ |
| <input type="checkbox"/> Academic Progress | <input type="checkbox"/> Other: _____ |

Meeting with the concerned teacher on this subject:

If yes, please provide feedback _____

If no, please schedule a meeting with the concerned teacher and provide a feedback.

Meeting request after meeting the concerned teacher: Date: _____ Time: _____

To be completed at the meeting:

Plan discussed for improvement:

Solutions/recommendations agreed upon:

Would you be willing to volunteer to solve this issue: Yes No

The above has been discussed with me by the teacher and/ admin. I understand the contents and acknowledge the above. (Typing your name below acts as an electronic signature)

Parent Signature: _____

Administrator's Signature: _____ Date: _____