NYC
Department of
Education

Year 20__- 20__

P.S. 375's Parent Intake Form

Student's Name_____ **Grade**_____ **Teacher's Name**_____

Parent's/Guardian's Name_____ **Telephone #**_____

Secondary Telephone # _____**Email Address** _____

Best time of day to contact you at this number: ❍ Morning ❍ Afternoon ❍ Evening

Please check the area(s) of concern below and enter a written brief description of the nature of your concern and issue. Please be as specific as possible.

_____**Discipline**
_____**Academic**
_____**Social/Psychological**
_____**Transportation**
_____**Breakfast/Lunch**
_____ **Enrichment Programs**
Other: _____

Description: _____
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You will receive a written response within 24 hours of this form being completed from one of the following staff members:

- Parent Coordinator, _____
- Assistant Principal, Early Childhood, (PreK-2) _____
- Assistant Principal, Upper Elementary, (3-5)_____
- Guidance Counselor, _____
- School Psychologist, _____
- School Social Worker, _____
- SAPIS Worker, _____
- Family Worker,_____
- Classroom Teacher/Staff Member, _____

***For Office Use Only*: Resolution of Complaint/Outcome:** ☐ 1st ☐ 2nd ☐ 3rd

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Date Resolved: _____ Time: _____ **Signature:** _____

Method of Communication: Email Telephone In-School Meeting Back-pack Letter

White – Office Yellow – Parent Pink -DOE

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