Young Scholars of Western PA CS TITLE I - PARENTAL CONCERN FORM

| Name of Parent/Guardian | Date |
|---|----------------------------------|
| Address | |
| Telephone | |
| Name of Student | |
| School | |
| Title I Teacher | |
| Item(s) of Concern (Please describe): | |
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| Proposed Parent/Guardian Solution: | |
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| To better serve in resolving issues with Title I services, please completoncerns with details necessary to investigate and solve your concern to the Alpaslan Ozdogan, Title I, 600 Newport Dr. Pittsburgh, PA 15 | ns. When complete, submit a copy |
| If not satisfied with outcome of concerns within ten (10) business day School Office Ti at 412-668-2064 | ys, then contact the YSWPCS |