

Date \_\_\_\_\_

Concern to be addressed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commitment by Teacher: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commitment by Student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commitment by Parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date to evaluate results (min 2 weeks): \_\_\_\_\_

We have discussed the concerns brought up in this meeting and will commit to our parts in supporting the student by creating a safe, learning environment.

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_