EAST SAN GABRIEL VALLEY REGIONAL OCCUPATIONAL PROGRAM AND TECHNICAL CENTER

## REPORT OF STUDENT PROBLEM

Date _____

Student Name _____

High School _____

Student Address _____

_____

ROP/TC Class _____ Section _____

Instructor's Name _____

**PROBLEM:** _____Attendance _____Attitude _____Discipline _____Other

Provide specific details of the problem (what happened) and the date that it occurred:

_____

_____

_____

_____

## ACTION TAKEN BY THE ESGVROP/TC TEACHER

_____Individual Conference With Student Date _____

_____Called Parent Date _____

_____Mailed "Notice to Parents" (attached copy) Date _____

_____Met With Parent Date _____

_____Referred to ROP Counselor Date _____

_____Other (explain below:)

_____

_____

ROP/TC Instructor Signature _____ Date _____

cc: ROP Instructor/ROP Counselor/Supervisor



*Revised: October 17, 2001*