

FACILITATOR / TEACHER CHANGE REQUEST FORM

Generally, we assume that a family will stay with the same facilitator for the coming year. However, we do realize that the needs of students and families may change or be different from year to year. Given that, some families may desire a facilitator change for one or more of their children. If you would like to request a facilitator change for any reason, please fill out this form and mail it to the office (Pathways Charter School, 607 Bobelaine Drive, Santa Rosa CA 95405) or give it to your local Area Coordinator between April 15 and June 15.

(Mid-year facilitator changes are more complex. If there is a serious problem during the year, please contact your Area Coordinator or the School Director for information on initiating a complaint or requesting a change.)

Facilitator/Teacher Change Request Form For Next Year

Parent Name(s): _____ Date: _____

Phone: _____

Names of Children enrolled in Pathways:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

____ Request transfer for entire family

____ Request transfer only for child (ren) listed below:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Reasons for transfer request. (Confidential, to be seen only by Area Coordinator and/or School Director.)

What skills or qualities are important to you in a facilitator? _____

If you know of a Pathways' facilitator with whom you would like to work next year and want to be specific in your request, you may put the name of the person you are requesting below. Please be aware, however, that the teacher you request may not have space available on his or her roster.

Name of new facilitator requested:

First choice: _____

Second choice: _____

Your Area Coordinator will contact you about your request as soon as possible.

AREA COORDINATORS

Solano and Lower Napa:
Olivia Johnston (707) 746-1440

Sonoma and Marin:
Sara Wilson (707) 992-0003

Upper Napa and Lake:
Janice Thompson (707) 987-3153

FACILITATOR / TEACHER CHANGE REQUEST ACTION

Request Approved: _____ Date: _____
Signature Area Coordinator or School Director

Name of New Facilitator Assigned: _____

Request Declined: _____

Reason: _____

Parent contacted Date: _____

Method:

Phone call

Letter

Comments: _____

New Facilitator contacted

Previous Facilitator contacted

Registrar Contacted