

Flagstaff Unified Secondary Schools

You're Invited!

to a Student Success Team Meeting for:

Student: _____ Grade: _____ School: _____

Date: _____ Time: _____ Location: _____

School Administrator _____

Parent _____

Counselor _____

Psychologist _____

SIOP/ELL _____

Intervention Specialist _____

Special Ed. Teacher _____

Nurse _____

General Ed. Teacher(s)
_____/_____
_____/_____
_____/_____

Other _____

****You attendance is expected. Please be prepared to share any strengths, concerns, achievement data, and other known information regarding the student's academic progress and behavior.****

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