

**Flagstaff Unified School District  
Student Success Team Meeting Invitation**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> School Administrator _____  | <input type="checkbox"/> Parent _____   |
| <input type="checkbox"/> Counselor _____   | <input type="checkbox"/> Psychologist _____   |
| <input type="checkbox"/> SIOP/ELL _____  | <input type="checkbox"/> Intervention Specialist _____  |
| <input type="checkbox"/> Special Ed. Teacher _____   | <input type="checkbox"/> Nurse _____  |
| <input type="checkbox"/> General Ed. Teacher(s)<br>_____/_____<br>_____/_____<br>_____/_____ | <input type="checkbox"/> Check In/Check Out Coordinator<br>_____<br><input type="checkbox"/> Check In/Check Out Mentor<br>_____<br><input type="checkbox"/> 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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