Pittsburg Community Schools

Student Improvement Team
Meeting Minutes

Please Check
- ❑ **New referral**
- ❑ **Follow up meeting**

Student_____ Date_____
Teacher/Grade_____

Attending (Sign if in attendance)

Parent_____ Other_____
Parent_____ Other_____
Principal_____ Other_____
Counselor_____ Other_____
Reg. Ed. Teacher_____ Other_____

Strengths_____

Concerns_____

Meeting Minutes/Goals_____