Pioneer Middle School Conference Notes

Meeting Date:	**Meeting Time:**
Student Name:	**Grade: 6 7 8**
Parent/Guardian Present: Yes No	**Student Present: Yes No**
Teachers Present:	

*white copy to parent/guardian, if present (**white copy will be mailed home if parent not present**)
* yellow copy to grade level counselor

Notes

Concerns:

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Recommendations:

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Parent Signature (if present): _____

Student Signature (if present): _____