

**GUAM DEPARTMENT OF EDUCATION  
CHILD STUDY TEAM PROCESS**

**INTRODUCTION**

The Guam Department of Education (GDOE) recognizes that a substantial there may be a substantial number of students experience challenges that potentially limit their ability to progress from grade to grade or to graduate. These challenges are associated with many variables that negatively impact a student's access to a Free and Appropriate Public Education. GDOE has adopted a standardized Child Study Team (CST) process to assist schools in identifying what supports, interventions, and services are needed for students. The universal process is to be used when a student is identified as needing Tier II or Tier III supports addressed in SOP 1200-012: Section 504 Procedural Manual, SOP 1200-018: Student Conduct Procedural Manual, SOP 1200-023: Student Procedural Assistance Manual, the Inadahi: Toliayi' Mo'na initiative, and the District Psychologist/School-Based Behavioral Health initiative.

**PURPOSE**

Child Study Teams are designed to provide teachers with instructional supports and strategies for helping students in need of assistance. Multidisciplinary teams of teachers determined by the school administrator to provide ideas on methods for helping students experiencing academic, behavioral, health, social/emotional, communication, fine/gross motor skills, or other concerns using the CST process.

Schools shall collaborate with appropriate team members and identify strategies that result in targeted, school-level interventions. The CST process may consist of multiple staffings that involve school-level personnel over a reasonably, calculated time frame that allows the team to review, develop, and/or monitor an intervention plan. Documentation regarding interventions should be written, implemented, monitored for effectiveness, and reviewed continuously until the student shows improvement or until the team determines that other referrals are needed.

The list below are possible outcomes of a CST meeting:

- ✓ Provide assistance to teachers for immediate interventions for students experiencing academic difficulties;
- ✓ Develop strategies and interventions for teachers who are faced with challenges in meeting the needs of students;
- ✓ Implement and document general education interventions prior to seeking SPED services and/or Section 504 accommodations;
- ✓ Implement and document interventions for those students being considered for expulsion from school, suspended three or more times and/or students with nine (9) or more unexcused absences, and/or excessive absences;
- ✓ Screening process for identifying students that may be in need of special education and related services or Section 504 accommodations in cases where a disability is clearly documented;
- ✓ Assists school administrators in determining personnel training needs;
- ✓ Analyze the student's learning and behavioral characteristics and needs (i.e. Planning and execution of Functional Behavioral Assessment and Behavioral Intervention Plan/Behavioral Management Plan, supportive counseling, peer mediation, etc.);
- ✓ Assess aspects of the curriculum, teaching methods and materials, environmental factors and other settings in school and home that influence the student's learning and adjustment;
- ✓ Develop, implement, and monitor written instructional accommodations in the regular education program to improve student performance; and
- ✓ Determine and justify the need for formal assessment, with documentation of unsuccessful results of CST efforts.

## **CST TRAINING**

All school administrators are responsible to ensure that all key personnel are properly trained on the purpose and use of the CST forms. Training is provided by the Student Support Services Division for key personnel at the school-level; school administrators, school counselors, school health counselors and teacher leaders. Subsequently, those trained are to provide awareness training for other school stakeholders.

## **REFERRAL TO CHILD STUDY TEAM**

The reasons to initiate a CST can be but is not limited to: student's need in the area of academic, behavior, and social-emotional challenges. A teacher, parent(s)/guardian(s), student, other school personnel, representatives of community agencies, or others may refer a student to a Child Study Team. The referral may be hand written or done electronically using the Child Study Team Referral FORM ONE- A & B. The referral is submitted to the school administrator for review. The school administrator will identify a certified personnel to serve as the CST Coordinator.

The following items list references that schools can be used to determine when to initiate a CST meeting:

1. GDOE Special Education Handbook: **FEDERAL STATUTE:** Sec. 1412 (a) (3)(A) Child Identification: All children with disabilities residing in the State, including, children with disabilities who are homeless children or are wards of the State and children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated;
2. Guam Education Board Policy 330-Entrance and Attendance Ages; Registration and Removal;
3. Guam Education Board Policy 339: Promotion and Retention Early Granting of Credits;
4. PowerSchool Current and Historical Grades (grade point average below 60% and/or performing 2 or more years below grade level);
5. SOP 1200-012: Section 504 Procedural Manual regarding Child Find;
6. SOP 1200-018: Regarding discipline and truancy. Students with 3 – 5 office discipline referrals, 6 – 9 unexcused absences, students who have been suspended more than twice and, students who are recommended for expulsion;
7. SOP 1200-023: Student Procedural Assistance Manual regarding students with challenging behaviors and/or as a response to critical incidences;
8. PULSE: Risk Analysis Report regarding students at risk or high risk.

## **THE CHILD STUDY TEAM STAFFINGS/MEETINGS**

The CST process includes both staffing(s) and meeting(s). The difference between the two is outlined below:

### **CST STAFFING**

The goal of the CST staffing is to address the main concern stated in FORM ONE – A: Child Study Team Referral form. A CST staffing may consist of a series of meetings that CST members complete in preparation for the CST meeting with parent(s)/guardian(s). The CST Coordinator and other CST members ensure that data and information needed for a CST meeting are current, accurate, and meaningful. Staffing(s) are primarily conducted without parents/guardians to ensure that school-level personnel have the necessary knowledge and information about the student. Staffing(s) are essential in achieving consensus toward a proposed plan before engaging the parent(s)/guardian(s). Should a student receive services from community agencies (e.g. GBHWC, CPS, DYA, JOG, Sanctuary) the CST should involve an agency representative.

### **CST MEETING**

The goal of the CST meeting is to address the main concern stated in FORM ONE – A: Child Study Team Referral form and determines the course of action in FORM SIX – CST REFERRAL DECISION. The CST members shall render a decision based on the data/information that is provided. The decision is made by a consensus of the entire team. Parent(s)/Guardian(s) should be informed that they are welcome to bring anyone to the meeting that they feel has special knowledge about the child prior to the scheduled CST meeting. A CST meeting and determination shall take place no more than 30 working days from the date of the referral submitted. A CST meeting with the parent(s)/guardian(s) should not be delayed because of pending documents or the absence of the parent(s)/guardian(s). If parent(s)/guardian(s) is not present for the CST Meeting a designee will contact parent(s)/guardian(s) regarding CST recommendations.

The CST meeting should render a decision in a timely manner to ensure that there is no delay in the delivery of services, accommodations or interventions for the student. All challenges to complete the CST Meeting within the 30 working day time frame shall be documented and included in the final packet.

#### NOTICE TO PARENT(S)/GUARDIAN(S)

Parents/Guardians should be given at least 10 working days' notice of scheduled CST meeting. This will allow the parent(s)/guardian(s) to request for leave of absence, if employed. Schools should encourage parents/guardians who work for the Government of Guam to submit the Parental Involvement Initiative Administrative Excuse Slip Based on Executive Order 98-16. Schools may further assist by downloading from the following GDOE web-link: <https://sites.google.com/a/gdoe.net/payroll/home/forms>.

**NOTE: It may become necessary to table a staffing/meeting at any step in the process. The purpose is to allow the team additional time to gather data/information or to invite other members who were not initially invited. Schools should document all attempts and challenges with completing CST staffings/meetings.**

#### **MEMBERS OF THE CHILD STUDY TEAM**

There is no required number of people to be present for a CST staffing/meeting, however, the composition of the team should be determined by the unique needs of the student. The team should collectively work together to determine specific tasks for each member (i.e., call parents, print log entries, etc). Members may include the following, **those listed in bold are required**:

- **Parent(s)/Guardian(s) (required)**
- **CST Facilitator – School Administrator (required)**
- **CST Coordinator – Certified personnel (required)**
- **General Education teacher(s) (must be the teacher(s) of the student) (required)**
- Student
- School Health Counselor
- School Counselor
- CRT/IEPC
- Referring individual
- Special Education
- ESL Coordinator/ESL teacher
- School Attendance Officer
- Social Worker
- Others (i.e. instructional coach, one-to-one aide, department chairpersons, itinerant teacher, and community agencies)

### Role of the CST Facilitator

The school administrator is the CST Facilitator. The CST Facilitator must ensure that the CST process is completed and executed properly. The school administrator must facilitate the CST staffing/meeting, provide support to the CST Coordinator, and to ensure coverage for all CST members. The school administrator must review all supporting documents to ensure that they are accurate and appropriate.

### Role of CST Coordinator

In conjunction with the school administrator, the CST Coordinator must ensure that the CST staffings/meetings are executed and forms and documents are completed in accordance to the timeline. The duties and responsibilities of team members are shared, and all necessary documents are distributed and collected accordingly. The CST Coordinator must communicate with the school administrator all attempts and challenges in completing the CST process.

NOTE: The CST Coordinator is not to assume the role of the facilitator of the CST staffing(s)/meeting(s). These responsibilities are distinct.

### Role of the Other Child Study Team Members:

Clearly describe the student's area(s) of concern(s). Members are to review all written reports provided about the student to clearly define the student's challenges. These include the student's academic, attendance, behavior, and/or health data from school and district staff who work directly with the student. Members should also review any school-based interventions conducted for the student prior to the CST referral. Other items to consider for review include: Powerschool grades, parent reports, doctor's certification, Office Discipline Referral forms, attendance records, Office Truancy Referral Forms, Response to School Attendance Referral Form (SARF), social worker reports, work samples, observation reports, and other pertinent information.

Additionally, all CST Members must complete their respective Response for Assistance Forms (TWO A – TWO E) and FORM FIVE: Child Identification Checklist.

### Teacher/Team Leader

Schools may opt to use a teacher/team leader to represent the student's team of teachers. This teacher must work with the student's team of teachers to ensure that there is a good understanding of the information provided and is able to clearly articulate the information. However, all teachers for the student completes Response for Assistance forms– FORM TWO –D 1 & D2.

## **CST FORMS**

Forms have been developed to document a five (5) step process. The standardized forms are designed to capture information and data about the student. The information comes from school-level and outside professionals who know the student and/or has expertise and knowledge regarding the unique needs of the student.

The list below itemizes the standardized forms:

- FORM ONE – A & B: Child Study Team Referral & Parent/Guardian Information
- FORM TWO - A: Behavior Information: School Administrator
- FORM TWO - B: Special Program Information: ESL Coordinator/School Counselor
- FORM TWO - C: Student Health Information: School Health Counselor
- FORM TWO-D-1 & D-2: Present Level of Academic and Functional Performance/ Teacher Written Input
- FORM TWO-E: Other Personnel Information (if applicable)

- FORM THREE: CST Committee Notice
- FORM FOUR - A-1: CST Staffing/Meeting Notes & A-2: Plan of Action
- FORM FIVE: Child Identification Checklist: Teacher
- FORM SIX: CST Referral Decision and Member Signatures
- FORM SEVEN: Parent/Guardian Notification for Child Study Team Meeting

## PROCEDURES

### STEP I: THE CST REFERRAL

A student who is identified as needing Tier II and Tier III supports, or is suspected of having a disability should be referred. A referral to a Child Study Team (CST) is activated by the completion and submission of FORM ONE – A & B: Child Study Team Referral. The CST Referral is completed by the referring person and submitted to the school administrator or designee. The school administrator is responsible for the review of the referral and to forward to the CST Coordinator who assists with completing the CST process.

### STEP II: THE CST MEMBERS

#### A. CST COORDINATOR

The CST Coordinator must review FORM ONE – A & B to ensure that he/she prepares the appropriate Response for Assistance forms for distribution. The CST Coordinator and school administrator shall coordinate the date, time and location of the CST staffing/meeting. The CST Coordinator must also ensure that all forms are completed properly and prepared **prior** to the start of the CST staffing/meeting.

#### B. NOTICE OF CST

The CST Coordinator or designated team member shall provide FORM THREE – CST Committee Notice to all appropriate CST members.

#### C. RESPONSE FOR ASSISTANCE FORMS

The Response for Assistance Forms (FORM TWO: A-E) are for specific school-level personnel to complete **prior** to a scheduled CST staffing/meeting for the purpose of gathering data/information. **All completed forms are to be filed in student’s cumulative folder.**

#### D. CHILD IDENTIFICATION CHECKLIST

The teacher or teacher/team leader dha complete FORM FIVE: Child Identification Checklist.

#### E. PARENT NOTIFICATION FORM

The Parent Notification for Child Study Team Meeting - FORM SEVEN, shall be provided to the parent(s)/guardian(s) with follow up phone calls to be documented on the Parent/Guardian Contact Log. If contact is unsuccessful, please work with the school’s social worker to contact the parent(s)/guardian(s).

### STEP III: CST STAFFING(S)

A. The School Administrator must facilitate the CST staffing(s).

B. The staffing(s) should be conducted with school CST members at least once before a CST meeting. A CST staffing consists of informal meetings between members as a means to gather appropriate data/information prior to the CST meeting. A staffing shall result in a thorough review of all completed Response for Assistance forms (as appropriate) and other supporting documents regarding the student’s present level of

performance. Staffing(s) are designed to do work of the preliminary review of data and action planning. All staffing(s) must be documented using the following:

- FORM THREE: CST Committee Notice
- FORM FOUR - A-1: CST Staffing/Meeting Notes & A-2 Plan of Action

#### **STEP IV: THE CST MEETING(S)**

A. The School Administrator must facilitate the CST meeting(s).

B. The CST Coordinator or designated team member must successfully contact parents to attend the CST Meeting. The CST meeting is completed using the following forms:

- FORM FOUR: A-1 CST Staffing/Meeting Notes & A-2 Plan of Action
- FORM FIVE: Child Identification Checklist
- FORM SIX: CST Referral/Decision and Member Signatures

C. PARENT(S)/GUARDIAN(S) NOT ABLE TO ATTEND

The CST meeting should not be delayed because of the absence of the parent or a pending doctor's certification. The final decision of CST meeting should be rendered in a timely manner to ensure that there is no delay in the delivery of services, accommodations or interventions for the student. Schools should document all attempts and challenges with completing the CST meetings. A designated team member should communicate with the parent(s)/guardian(s) about the outcome of the CST meeting and provide the parent(s)/guardian(s) with FORM SIX: CST Referral/Decision and Member Signatures.

D. CST SUMMARY

The CST summary, FORM FOUR: A-1 (Agenda Part II), should consist of the team's final account of the student's targeted area(s) of concern. Based on the thorough review of existing data/information/exchange of ideas and discussion, the team determines: the targeted area(s) of concern; the frequency, severity and duration; lists all interventions; and includes information regarding the outcomes from the interventions attempted.

E. CST REFERRAL DECISION

Based on the results of CST meeting, FORM SIX: CST Referral Decision, must be completed. The decision should be made with the concurrence of the CST members based on the needs of the student.

- REFERRAL TO SPECIAL EDUCATION - INDIVIDUAL EDUCATION PLAN PROCESS

**NOTE: The completed CST Packet is to be submitted along with the referral to Special Education through the CRT/IEPC.**

- REFERRAL TO SECTION 504 - SOP 1200-012: SECTION 504 PROCEDURAL MANUAL – SOP 1200-012: Section 504 Procedural Manual.

**NOTE: The completed CST Packet is to be submitted along with the referral to Section 504 Coordinator.**

REFERRAL TO THE DISTRICT PSYCHOLOGIST/SCHOOL BASED BEHAVIORAL HEALTH - SOP 1200-019: DISTRICT PSYCHOLOGIST OBSERVATION

**NOTE: The completed CST Packet is to be submitted along with the referral to District Psychologist.**

- REFERRAL TO GUAM BEHAVIORAL HEALTH AND WELLNESS (GBHWC)-CHILD AND ADOLESCENCE SERVICES DIVISION (CASD) (I FAMAGU'ON-TA), INADAH! TOLLAI'YI MO'NA

If the CST decides that the student is to be referred to the GBHWC, the administrator along with the school counselor must follow the Inadahi: Tollai'yi Mo'na referral process which requires an initial referral to the District Psychologist. Please consult the Student Support Services Division for more information regarding the process. Cases involving acute and high risk of suicide are the only situation that should be referred directly. All other concerns or issues should be addressed first by referring to the district psychologist(s). They will screen and assess the referral to determine if referring outside GDOE is appropriate.

- REFERRAL TO OTHER SUPPORT AGENCIES IN THE COMMUNITY

If the CST decides that the student is to be referred to other community agencies such as, Sanctuary, Brief Tobacco Intervention Initiative, village community programs, etc., the school administrator or designee should consult with the entity directly regarding the process.

- PLAN OF ACTION: SCHOOL-LEVEL INTERVENTION(S)-FORM FOUR A-2

When the student does not make adequate educational or behavioral progress despite well-designed school-level interventions, the CST may refer that student for a formal evaluation and/or referral to another agency or elect to provide alternative school-level interventions.

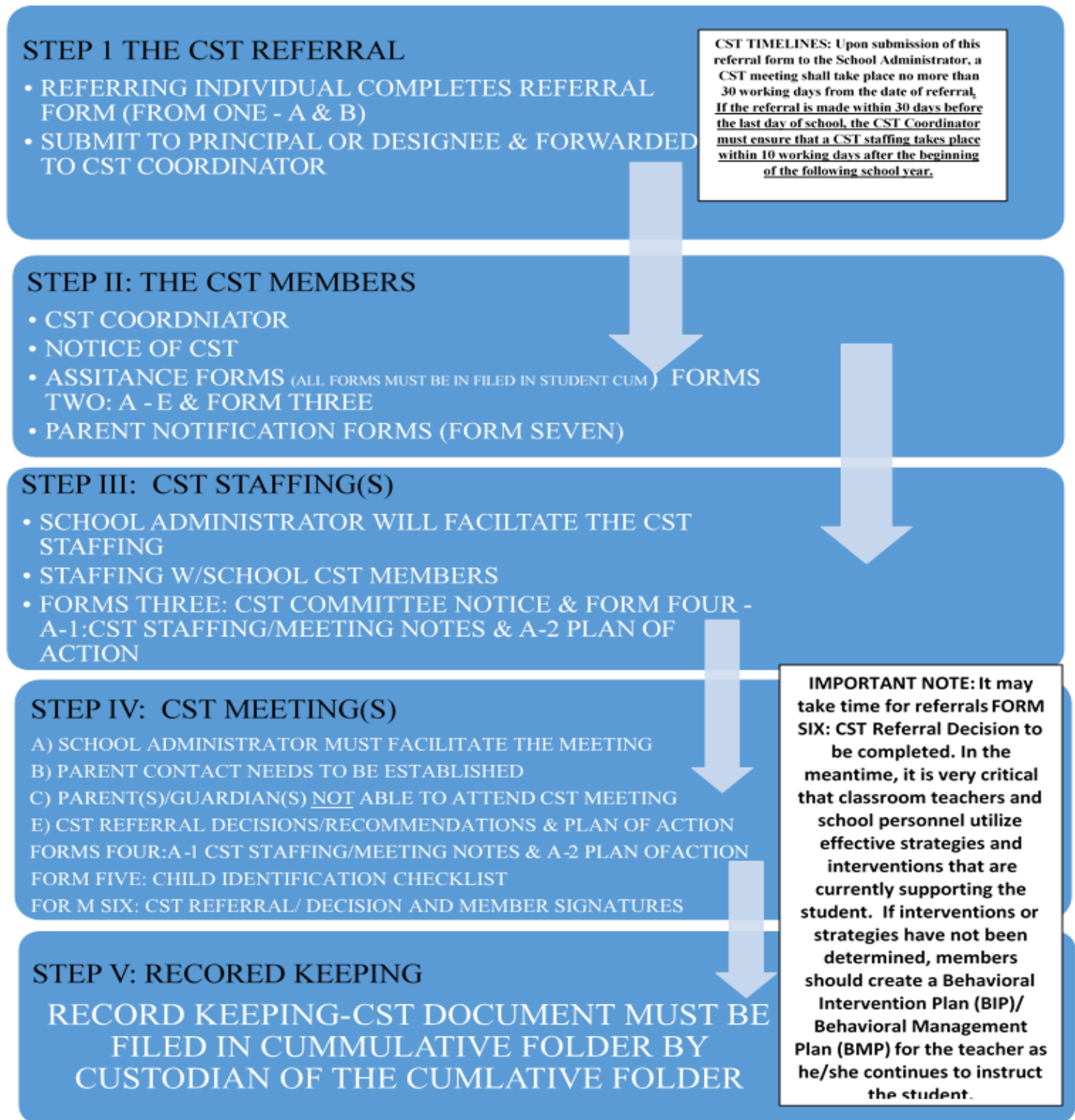
A school-level intervention plan is developed by the CST members to gather data/information that will either help to decrease challenges or to help determine what referral should be made. When a CST decides to develop and implement a school-level intervention plan, an appropriate and specific timeframe should be given for implementation, monitoring, and evaluation of the plan. On or before the timeframe is expired, a follow-up CST meeting should occur to review the data/information collected to determine whether or not the interventions were successful or whether a referral to SPED, Section 504, outside agency or other assessments, services are needed.

**IMPORTANT NOTE: It may take time for the referral FORM SIX: CST Referral Decision to be completed. In the meantime, it is very critical that classroom teachers and school personnel utilize effective strategies and interventions that are currently supporting the student. In the case of a behavior concern, members should create a Behavioral Intervention Plan (BIP) or Behavioral Management Plan (BMP) for the teacher as he/she continues to instruct the student.**

#### **STEP V: RECORD KEEPING**

The CST Coordinator must ensure that all completed CST documents are placed in the student's cumulative folder by the school's custodian of student records.

Figure 1: Child Study Team Process Flow Chart







**Guam Department of Education  
Child Study Team Referral  
FORM ONE – A**



**CST REFERRAL:** A Child Study Team (CST) referral is initiated when a student has been identified as needing additional supports based on academic, behavioral, social-emotional and other challenges. This CST Referral (Form A) and Parent/Guardian Information (Form B) can be completed by a teacher, parent/guardian, student, other school personnel, representatives of community agencies, or other individuals.

**CST TIMELINES:** Upon submission of this referral form to the School Administrator, a CST meeting shall take place no more than 30 working days from the date the referral submitted. If the referral is made within 30 working days before the last day of school, the CST Coordinator must ensure that a CST staffing takes place within 10 days after the beginning of the following school year.

**Student Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Referral Submission Date:** \_\_\_\_\_

**Check all that apply:**

- Academic      PowerSchool grades attached:  YES    NO
- Behavior      ODRs attached:  YES    NO
- PowerSchool Log Entries attached:  YES    NO
- OTRFs attached:  YES    NO    **SARF attached:**  YES    NO
- PowerSchool Attendance attached:  YES    NO
- Health      Supporting documents attached:  YES    NO
- Social/Emotional   Supporting documents attached:  YES    NO
- Communication   Supporting documents attached:  YES    NO
- Fine/Gross Motor Skills   Supporting documents attached:  YES    NO
- Other: \_\_\_\_\_

Write a brief statement about the concern(s):

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Guam Department of Education  
Child Study Team Referral  
PARENT/GUARDIAN INFORMATION  
FORM ONE – B



Mother/Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email: \_\_\_\_\_ Other Contact #: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email: \_\_\_\_\_ Other Contact #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Is the parent/guardian aware of your concern?     YES     NO

If "No", explain \_\_\_\_\_

Does the student need an interpreter?    YES    NO      Does the parent need an interpreter?    YES    NO

Referring Individual Name and Relationship to Student: \_\_\_\_\_

Referring Individual Signature and Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY:**

Date Received by School Staff:	School Staff Name & Signature:
Date School Administrator Received Referral:	School Administrator Name & Signature:
Name of CST Coordinator Assigned:	Date Received by CST Coordinator:

<b>PARENT CONTACT LOG</b>		
Date & Time:	Form of Contact (i.e. Phone, Email, Face-to-Face Meeting)	Notes (Person contacted, information discussed)

<b>RESPONSE FOR ASSISTANCE: FORM TWO - A</b> <b>BEHAVIOR INFORMATION</b>	<b>Student:</b> _____ <b>Student #:</b> _____
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Information may be obtained by the school administrator or by reviewing the student's PowerSchool and/or PULSE, and CUMULATIVE file. This form is to be completed using the most current and relevant information.

School Administrator's Name: \_\_\_\_\_

A. Is communication with parent regular and consistent?  YES  NO

B. Student Conduct:

# of Office Discipline Referrals: _____		# of Suspensions: _____		# of Suspensions: _____	
# of Absences: _____	# of Unexcused Absences: _____	# of Excused Absences: _____	# of Tardies: _____		
# of Office Truancy Referrals: _____			# of SARFs: _____		

Log Entries Attached:  YES  NO

C. Function of Behavior Assessment:  YES  NO

Date of the FBA: \_\_\_\_\_ FBA Attached:  YES  NO

Behavior Intervention Plan or Behavioral Management Plan:  YES  No

Date of the BIP/BMP: \_\_\_\_\_ BIP or BMP Attached:  YES  NO

D. Other Screeners/Assessments  YES  NO

If yes, specify Screeners/Assessments: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Results of screener/assessment indicated above:

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E. Other Information

Provide details on other interventions that have been provided by school administration that may help in identifying what supports the student can benefit from:

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**RESPONSE FOR ASSISTANCE: FORM TWO – B  
SPECIAL PROGRAM INFORMATION**

**Student:** \_\_\_\_\_  
**Student #:** \_\_\_\_\_

Information may be obtained from your ESL Coordinator, school counselor or from reviewing the student's PowerSchool/PULSE and CUMULATIVE file. This form is to be completed using the most current and relevant information.

**ESL Coordinator or School Counselor's Name:** \_\_\_\_\_

**ESL:**  YES  NO

**Date of Entry to ESL Program:** \_\_\_\_\_ **Date of Student ESL Modification Form:** \_\_\_\_\_

**HLS attached:**  YES  NO If no, why? \_\_\_\_\_

**Primary Language:** \_\_\_\_\_

**LAS (if applicable) are attached:**  YES  NO

List of ESL services provided:

\_\_\_\_\_

Comments for ESL:

\_\_\_\_\_

**School Counselor**

**Has this student ever been retained?**  YES  NO If "Yes", when? \_\_\_\_\_

**Refer to GEBP 339: Promotion and Retention Early Granting of Credits.**

**Is there anything you know about the student's background, home situation or other factors that may contribute to the student's difficulties?**

\_\_\_\_\_

\_\_\_\_\_

**Supportive Counseling:**  YES  NO

Comments for Supportive Counseling:

\_\_\_\_\_

\_\_\_\_\_

**Other Screeners/Assessments:**  YES  NO

If yes, specify Screeners/Assessments used:

\_\_\_\_\_ Date completed: \_\_\_\_\_

Results of screener/ assessment indicated above:

\_\_\_\_\_

**RESPONSE FOR ASSISTANCE: FORM TWO – C  
STUDENT HEALTH INFORMATION**

**Student:** \_\_\_\_\_  
**Student #:** \_\_\_\_\_

**School Health Counselor is to complete this form using the most current and relevant information.**

**School Health Counselor's Name:** \_\_\_\_\_

Date of the Last Physical (within 12 months to be valid): \_\_\_\_\_

Vision Screening Date (within 12 months to be valid): \_\_\_\_\_

Passed     Failed

Follow-up needed: \_\_\_\_\_

Wears glasses?  YES     NO

Right: \_\_\_\_\_

Left: \_\_\_\_\_

Hearing Screening Date (within 12 months to be valid): \_\_\_\_\_

Tympanogram:  Passed     Failed

Pure Tone:     Passed     Failed

Follow-up needed/comments: \_\_\_\_\_

Individualized Health Plan in place:  YES     NO

**Other Screeners/Assessments**     YES     NO

If yes, specify Screeners/Assessments used: \_\_\_\_\_

Date completed: \_\_\_\_\_

Results of screener/assessment indicated above: \_\_\_\_\_

**Other medical information that may impact the student's ability to succeed  
(diagnosis/medication/allergies/etc.):**

<b>RESPONSE FOR ASSISTANCE: FORM TWO –D– 1</b> <b>PRESENT LEVEL OF ACADEMIC &amp; FUNCTIONAL PERFORMANCE/</b> <b>TEACHER WRITTEN INPUT</b>	<b>Student:</b> _____ <b>Student #:</b> _____
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Teacher is to complete this form using most current and relevant information.

Teacher's Name: \_\_\_\_\_

Class/Subject: \_\_\_\_\_

Student Work Samples Attached:  YES  NO

<b>ACADEMICS</b>	
Current grade (percentage): _____	Is student achieving at grade-level? _____
Date of assessment: _____	Type of assessment: _____ Grade Level Equivalency: _____
Pre-Test Score: _____	Date: _____ Post-Test Score: _____ Date: _____
<p><b>Reading:</b> (fluency, reading rate, comprehension, etc.)            How many words can he/she read in a minute? _____ Number of errors? _____ Fluent? _____            Can he/she answer who, what, when, where, why and how questions in oral &amp; written format?</p>	
<p><b>Language Arts:</b> (writing, spelling, etc.)            Can he/she write complete sentences? How's noun/verb agreement? Correct punctuation and capitalization?            Can he/she write paragraphs? What type of words is he/she able to spell? Consonant-Vowel-Consonant, etc.?</p>	
<p><b>Math:</b> (problem solving, computations, etc.)            Can he/she: identify numbers? _____ Solve word problems?            Can he/she add, subtract, multiply or divide? _____ What kind of numbers? (Example: 2x2 digit with regrouping/renaming?)</p>	
<p><b>Other subjects (Example: SC, SS, PE, CHAM, etc.):</b></p>	

**RESPONSE FOR ASSISTANCE: FORM TWO –D– 2**  
**PRESENT LEVEL OF ACADEMIC & FUNCTIONAL PERFORMANCE/**  
**TEACHER WRITTEN INPUT**

**Student:** \_\_\_\_\_  
**Student #:** \_\_\_\_\_

**Social / Emotional Behavior:**

*Does he/she follow classroom/school rules? Does he/she get along with peers? How well does he/she adjust to changes? How well does he/she deal with stressful situations? Can he/she sit and attend to a task for the entire duration of task given?*

*Strengths:*

*Areas for growth:*

**Communication:**

*Can the student speak in complete sentences? How's noun/verb agreement? Can he/she express wants and needs in complete sentences?*

**Fine Motor Skills:**

*Can he/she manipulate writing objects with correct grasp? \_\_\_ If not, how? Left/right handed? Does he/she put enough pressure when utilizing writing objects? Able to cut on line with scissors? What kind of lines?*

*\*\*\*\*Bring work samples\*\*\*\**

**Gross Motor Skills:**

*Can he/she walk, run, jump, skip, climb, go up and down the stairs? Does he/she need to hold onto rail? Is he/she able to throw and catch a ball? Does he/she show motor control?*

**Self-care / Independent Living Skills:**

*Can child feed herself/himself? Dress/undress independently? Tie shoes?*

*Strengths:*

*Areas for growth:*

*List all interventions, modifications, and/or accommodations you use for the student to achieve success in the classroom:*

<b>RESPONSE FOR ASSISTANCE: FORM TWO- E OTHER PERSONNEL INFORMATION</b>	<b>Student:</b> _____ <b>Student #:</b> _____
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**The School Attendance Officer is to complete this form using the most current and relevant information.**

**School Attendance Officer's Name:** \_\_\_\_\_

OTRFs attached:  Yes  No

Comments:

\_\_\_\_\_

SARF attached:  Yes  No

Comments:

\_\_\_\_\_

Response to OTRF/SAR attached:  Yes  No

\_\_\_\_\_

**Truancy Checklist Results attached:**  Yes  No

If yes, specify Screeners/Assessments used: \_\_\_\_\_ Date completed: \_\_\_\_\_

Results of screener/assessment indicated above:

\_\_\_\_\_

**The Social Worker is to complete this form using the most current and relevant information.**

**Social Worker's Name:** \_\_\_\_\_

SPCE Support Services & Outreach Team Referral attached:

Comments: \_\_\_\_\_

SPCE Support Services & Outreach Team Response to Referral attached:  Yes  No

Comments:

\_\_\_\_\_

**Non-Instructional Personnel is to complete this form using the most current and relevant information.**

**Non-Instructional Personnel's Name:** \_\_\_\_\_

Supporting Documents attached:  YES  NO Comments:

\_\_\_\_\_





<b>PLAN OF ACTION: FORM FOUR – A-1</b> <input type="checkbox"/> CST STAFFING <input type="checkbox"/> CST MEETING (check one)	<b>Student:</b> _____ <b>Student #:</b> _____
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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Committee Members Present (Print Name and Initial):**

- Student \_\_\_\_\_
- Parents/Guardians (required) \_\_\_\_\_
- CST Facilitator – School Administrator (required) \_\_\_\_\_
- CST Coordinator – Certified personnel (required) \_\_\_\_\_
- General Education teacher(s) (must be the teacher(s) of the student) (required)  
 \_\_\_\_\_
- School Health Counselor \_\_\_\_\_
- School Counselor \_\_\_\_\_
- CRT/IEPC \_\_\_\_\_
- Referring individual \_\_\_\_\_
- Special Education/ESL teacher \_\_\_\_\_
- ESL Coordinator \_\_\_\_\_
- School Attendance Officer \_\_\_\_\_
- Social Worker \_\_\_\_\_
- Others (i.e. instructional coach, department chairpersons, itinerant teacher, one-to-one aide, etc.)  
 \_\_\_\_\_

**Agenda Part I**

- Introductions
- Referring Individual
- Brief Statement about the Concern

NOTES:

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- Presentation of Responses for Assistance Forms

**Agenda Part II**

- Documentation of Intervention Strategies Implemented

After reviewing the student’s existing data, work samples, and all information provided by parents/guardians, and the CST members, the committee makes the following **SUMMARY** regarding the targeted area(s) of concern and frequency/severity/duration. Additionally, the CST members have included information regarding the outcomes from the interventions attempted.

## CST SUMMARY

1. AREA OF CONCERN:		
INTERVENTIONS IMPLEMENTED	FREQUENCY/SEVERITY/DURATION INTERVENTION DATES	OUTCOMES

2. AREA OF CONCERN:		
INTERVENTIONS IMPLEMENTED	FREQUENCY/SEVERITY/DURATION INTERVENTION DATES	OUTCOMES

3. AREA OF CONCERN:		
INTERVENTIONS IMPLEMENTED	FREQUENCY/SEVERITY/DURATION INTERVENTION DATES	OUTCOMES

Further Interventions/Accommodations

- Remedial Reading/Math
- Modified Curriculum
- Adapted Materials
- Tutoring
- Extended Time
- Other: \_\_\_\_\_

- Talking with parents/guardians
- Behavior Contract
- Monitoring Charts
- Timeout
- Repeated Directions
- Other: \_\_\_\_\_

- Detention
- Lost of Privileges
- Cooperative Learning
- Eliminate Distracters
- Preferential Sitting
- Other: \_\_\_\_\_

<b>PLAN OF ACTION: FORM FOUR-A-2</b>	<b>Student:</b> _____ <b>Student #:</b> _____
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**PLAN OF ACTION: SCHOOL-LEVEL INTERVENTION(S)**

NOTE: Do not delay the implementation of this plan due to the parent’s inability to meet.

<b>Interventions Recommended at the 1<sup>st</sup> CST meeting</b>	<b>Dates of Implementation (Approx. 4-6 weeks in duration; indicate start and end dates)</b>	<b>Outcomes To be discussed at the 2<sup>nd</sup> CST meeting</b>

**Other recommendations (i.e. update physical exam, other evaluations, attendance referral, etc.)**

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**CHILD IDENTIFICATION CHECKLIST - FORM FIVE**  
**(Completed by the teacher prior to the CST meeting)**

**Student:** \_\_\_\_\_  
**Student #:** \_\_\_\_\_

<b>Academics</b>	<b>Yes</b>	<b>No</b>
Comprehends grade level texts and materials	<input type="checkbox"/>	<input type="checkbox"/>
Writes/prints legibly	<input type="checkbox"/>	<input type="checkbox"/>
Spelling is average	<input type="checkbox"/>	<input type="checkbox"/>
Copies information from the board easily	<input type="checkbox"/>	<input type="checkbox"/>
Identifies numbers	<input type="checkbox"/>	<input type="checkbox"/>
Writes numbers	<input type="checkbox"/>	<input type="checkbox"/>
Adds:	<input type="checkbox"/>	<input type="checkbox"/>
Subtracts:	<input type="checkbox"/>	<input type="checkbox"/>
Multiplies:	<input type="checkbox"/>	<input type="checkbox"/>
Divides:	<input type="checkbox"/>	<input type="checkbox"/>
Solves word problems	<input type="checkbox"/>	<input type="checkbox"/>
Tells time	<input type="checkbox"/>	<input type="checkbox"/>
Identifies coins and bills	<input type="checkbox"/>	<input type="checkbox"/>
Completes assignments on time.	<input type="checkbox"/>	<input type="checkbox"/>
Organizes school materials & assignments	<input type="checkbox"/>	<input type="checkbox"/>
Follows oral / written directions	<input type="checkbox"/>	<input type="checkbox"/>

<b>Communication</b>	<b>Yes</b>	<b>No</b>
Receiving ESL services	<input type="checkbox"/>	<input type="checkbox"/>
Has been seen or referred for ear, nose or throat problem?	<input type="checkbox"/>	<input type="checkbox"/>
Has known medical/emotional problems that may have an effect on speech?	<input type="checkbox"/>	<input type="checkbox"/>
Has been referred for or received speech and language services in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Uses gestures to communicate	<input type="checkbox"/>	<input type="checkbox"/>

<b>Articulation</b>	<b>Yes</b>	<b>No</b>
Able to produce all age appropriate speech sounds clearly	<input type="checkbox"/>	<input type="checkbox"/>
Student's conversational speech is easily understood by the average listener	<input type="checkbox"/>	<input type="checkbox"/>
Student's speech is free of immature or "babyish" sounds	<input type="checkbox"/>	<input type="checkbox"/>

<b>Behavior</b>	<b>Yes</b>	<b>No</b>
Brings appropriate materials to school	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>
Changes activities without incident	<input type="checkbox"/>	<input type="checkbox"/>
Listens	<input type="checkbox"/>	<input type="checkbox"/>
Uses socially acceptable language	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate way for getting attention	<input type="checkbox"/>	<input type="checkbox"/>
Shares	<input type="checkbox"/>	<input type="checkbox"/>
Tells the truth	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with peers	<input type="checkbox"/>	<input type="checkbox"/>
Participates in classroom activities	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules of situation, activity or environment	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for own behavior	<input type="checkbox"/>	<input type="checkbox"/>
Stays on tasks to completion	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>
Controls anger	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with adults (teachers, aides, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Consistently attentive	<input type="checkbox"/>	<input type="checkbox"/>

<b>Language-Auditory Reception/Comprehension</b>	<b>Yes</b>	<b>No</b>
Able to follow directions with no difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Able to respond accurately to questions	<input type="checkbox"/>	<input type="checkbox"/>
Able to retain information given verbally	<input type="checkbox"/>	<input type="checkbox"/>

<b>Sign Language</b>	<b>Yes</b>	<b>No</b>
Uses formal sign language	<input type="checkbox"/>	<input type="checkbox"/>
Uses idiosyncratic or personalized signs	<input type="checkbox"/>	<input type="checkbox"/>

<b>CHILD IDENTIFICATION CHECKLIST (continued)</b>	<b>Student:</b> _____ <b>Student #:</b> _____
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<b>Pragmatics</b>	<b>Yes</b>	<b>No</b>
<i>Stays on topic being discussed</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Able to understand cause &amp; effect</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Makes eye contact when talking</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Likes talking with people</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Takes turns in conversations</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Voice</b>	<b>Yes</b>	<b>No</b>
<i>Has a physician referred this child for voice therapy?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Voice is free of hoarse, harsh or nasal qualities</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Student is free of intermittent voice loss during speaking or reading</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Fluency/Stuttering</b>	<b>Yes</b>	<b>No</b>
<i>Speech rate is appropriate</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Able to respond to discussion questions, and produce spontaneous expression without hesitations or repetitions.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Student is free of secondary signs of physical struggle when speaking (facial grimaces, eye or head jerks, rapid eye movements)</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Visual Perception</b>	<b>Yes</b>	<b>No</b>
<i>Eyes work together normally</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Copies from the board with ease.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Copies from book or paper with ease.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Uses letters or numbers age appropriately</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Uses good posture for writing and reading</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Motor Skills</b>	<b>Yes</b>	<b>No</b>
<i>Referred for physical therapy services in the past</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Give date if yes):</i>		
<i>Had orthopedic or neurological surgery. (If yes, describe in "any other" box below.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Walks independently, without support.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check any of the following used by the student:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Wheelchair</i> <input type="checkbox"/> <i>Cane</i> <input type="checkbox"/> <i>Walker</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Crutches</i> <input type="checkbox"/> <i>Braces</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Goes up and down stairs without help</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Walks and runs with coordinated movements.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Socialization</b>	<b>Yes</b>	<b>No</b>
<i>Interacts appropriately with peers</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shares with peers appropriately</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Control of anger and frustration is age appropriate</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Initiates play with peers.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Responds appropriately to natural cues in the environment (peers, bell, clock, adult).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Works well in large group settings.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Able to take turns in group settings</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Dressing, Hygiene, Toileting</b>	<b>Yes</b>	<b>No</b>
<i>Dresses and undresses like others of similar age</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Washes/dries hands like others of similar age</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Uses toilet independently.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Cognition</b>	<b>Yes</b>	<b>No</b>
<i>Has appropriate attention and/or concentration</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Uses problem solving skills appropriately</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Able to remember information</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CHILD IDENTIFICATION CHECKLIST (continued)</b>	<b>Student:</b> _____
	<b>Student #:</b> _____

<b>Tactile</b>	<b>Yes</b>	<b>No</b>
<i>Responds appropriately to touching objects or contact with people/environment</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Can restrain from touching items that are "off limits"</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Tolerates messy activities</i>	<input type="checkbox"/>	<input type="checkbox"/>

If the Child Study Team’s final decision to refer to Special Education, please indicate the areas of assessments for this child.

- Psychological Services
- Speech & Language
- DHHP
- Vision
- OT
- PT
- Leisure Education
- Emotional Disabilities
- Assistive Technology
- Autism
- Behavioral





<b>CST REFERRAL DECISION (continued)</b>	<b>Student:</b> _____ <b>Student #:</b> _____
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DATE: \_\_\_\_\_

<b>CST MEMBER SIGNATURES:</b>	<b>PRINT NAME</b>	<b>SIGNATURE</b>
Student	_____	_____
Parents/Guardians	_____	_____
CST Facilitator – School Administrator	_____	_____
CST Coordinator – Certified personnel	_____	_____
General Education teacher(s)	_____	_____
(must be the teacher(s) of the student)	_____	_____
	_____	_____
	_____	_____
	_____	_____
School Health Counselor	_____	_____
School Counselor	_____	_____
CRT/IEPC	_____	_____
Referring individual	_____	_____
Special Education/ESL teacher	_____	_____
ESL Coordinator	_____	_____
School Attendance Officer	_____	_____
Social Worker	_____	_____

Others (i.e. instructional coach, department chairpersons, itinerant teacher etc.)

\_\_\_\_\_



# DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT



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**JON J.P. FERNANDEZ**  
Superintendent of Education

## PARENT/GUARDIAN NOTIFICATION FOR CHILD STUDY TEAM MEETING-FORM SEVEN

This is to inform you that a referral to conduct a Child Study Team (CST) has been made for your child. A CST referral is initiated when a student has been identified as needing additional supports based on academic, behavioral, social-emotional, and/or other challenges. The CST is designed to provide classroom teachers with instructional supports and strategies for helping students in need of assistance. The team of school-level professionals provide ideas to classroom teachers on methods for helping students experiencing academic or behavioral problems. To achieve this, schools collaborate with appropriate team members as well as research strategies that result in targeted, school-level interventions.

Your attendance, participation and input is greatly needed to ensure that your child is provided with appropriate interventions or referral (SPED, Section 504, outside agency) to support his/her success.

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**CST Meeting Details:** Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

### Your child was referred based on information/data concerning:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Academic     | <input type="checkbox"/> Behavior         |
| <input type="checkbox"/> Health       | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Other: _____ |   |

Your signature indicates that you are aware of the CST meeting and that you agree to attend, participate, and provide valuable input as a member of your child's Child Study Team. Please sign and return to

\_\_\_\_\_. Is an interpreter needed for you?  Yes  No

\_\_\_\_\_  
**School Administrator's Name and Signature**

\_\_\_\_\_  
**Parent/Guardian's Name and Signature**

If you are unable to attend, please indicate other dates and times when you are available below. A school official will contact you to confirm a date and time.

**Parent/Guardian's Name and Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

