



Guam Department of Education
Form B: Child Study Team I School Team Meeting/Staffing Notice

FORM TO BE COMPLETED BY: CST Chair or Facilitator

(Revised 6/17/24)

Date:

Student:	Student #:	DOB:	Grade:
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Notification for:

<input type="checkbox"/> CST Facilitator	<input type="checkbox"/> General Education Teacher	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Social Worker
<input type="checkbox"/> School Health Counselor	<input type="checkbox"/> School Attendance Officer	<input type="checkbox"/> Special Program Teacher:	<input type="checkbox"/> Other:

This is a formal notification regarding a Child Study Team referral for the student listed above, in which you are an identified committee member and/or providing input that will help the CST review relevant information in order to assist the team on what additional data, if any, is needed in order to:

1. Plan in-school intervention(s);
2. Determine whether the child is a child with a disability and the educational needs of the child;
3. Determine the present levels of academic achievement and related developmental needs of the child;
4. Determine whether the child should be referred to special education and related services, Section 504 services, Psychological Services, or services from an outside agency.

A referral submitted on:

The area(s) of concern:

- | | | | |
|--|---------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Behavior | <input type="checkbox"/> Health | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Other | |

Attached is a document for you to complete, and please submit to the CST Facilitator: _____ by date: _____.

There will be:

<input type="checkbox"/> CST SAFFING Invited to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No • <i>If no, please ensure you submit your input.</i> Date of Meeting: Time of Meeting: Location of Meeting:	<input type="checkbox"/> CST MEETING Invited to attend: <input type="checkbox"/> Yes <input type="checkbox"/> No • <i>If no, please ensure you submit your input.</i> Date of Meeting: Time of Meeting: Location of Meeting:
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Should you have any questions, please contact the CST Facilitator or me.

Thank you.

School Administrator Name & Signature