



**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 01/08/2026)

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:

There will be:

<input type="checkbox"/> <b>CST STAFFING</b> 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"/> <b>CST MEETING</b> 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**