



**Guam Department of Education**  
**Form C: Child Study Team I Teacher Written Input**  
**FORM TO BE COMPLETED BY: Teachers**

(Revised 01/08/2026)

Date Completed:

<b>Student:</b>	<b>Student #:</b>
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The information shall be completed by the *teacher* and forwarded to the Child Study Team for review and to assist the team on what additional data, if any, is needed.

**Teacher Name:**

**Subject:**

**1. Student Academic Records**

Current Grade:

Is student achieving at grade-level?  Yes  No

Other information:

**2. Provide input on the student's academic achievement, including if the student requires or does not require assistance.**

Reading (fluency, reading rate, comprehension):

Language Arts (writing, spelling, etc.):

Math (problem solving, computation, etc.):

Other:

**3. Provide input on the student's over-all social/emotional, motor, communication, functional skills.**

Social/Emotional Behavior (Does the student follow rule, get along with peers, adjust to changes, etc.? Include strengths/areas of growth):

Communication (Provide observation on student's communication):

Mode of Communication:

- Verbal
- Gesture
- Sign
- Nonverbal

Observation:

Fine and Gross Motor Skills (Can student use writing objects? Can student walk/run, etc?):

*Self-Care/Independent Skills* (Provide a summary on the student's independent skills):

4. **List all interventions, modifications, and/or accommodations provided to the student in your classroom.**

5. **Level of Functional Independence** (*Provide a summary on the student's independent skills.*)

6. **Other information considered or reviewed by the CST:**

District/Curriculum Assessment	Type/Description of Data Reviewed	Summary of Information
<input type="checkbox"/> Assessment Date:		
<input type="checkbox"/> Assessment Date:		

Other information considered or reviewed: