



Guam Department of Education
Form C: Child Study Team I Teacher Written Input

FORM TO BE COMPLETED BY: Teachers

(Revised 6/17/24)

Date Completed:

Student:	Student #:
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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: