



Guam Department of Education
Form E: Child Study Team I Child Identification Checklist

FORM TO BE COMPLETED BY: Teachers

(Revised 6/17/24)

Date:

Student:	Student #:
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The teacher to complete the document and attached to the CST Teacher Written Input.

Academics	Yes	No
Comprehends grade level text and materials	<input type="checkbox"/>	<input type="checkbox"/>
Writes/prints legibly	<input type="checkbox"/>	<input type="checkbox"/>
Spelling 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 and assignments	<input type="checkbox"/>	<input type="checkbox"/>
Follows oral/written directions	<input type="checkbox"/>	<input type="checkbox"/>

Communication	Yes	No
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"/>
Use gestures to communicate	<input type="checkbox"/>	<input type="checkbox"/>

Articulation	Yes	No
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"/>

Language Auditory Reception/Comprehension	Yes	No
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"/>

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

Behavior	Yes	No
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"/>

Pragmatics	Yes	No
Stays on topic being discussed	<input type="checkbox"/>	<input type="checkbox"/>
Able to understand cause & effect	<input type="checkbox"/>	<input type="checkbox"/>
Makes eye contact when talking	<input type="checkbox"/>	<input type="checkbox"/>
Likes talking with people	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns in conversations	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

If the recommendation is a referral to Special Education, indicate the areas of assessment:

- ☐ Psychological Services
- ☐ Speech & Language
- ☐ DHHP
- ☐ Vision
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Leisure Education
- ☐ Emotional Disabilities
- ☐ Assistive Technology
- ☐ Autism
- ☐ Behavioral