



Guam Department of Education
Form J: Child Study Team I Staffing/Meeting Agenda/Notes

FORM TO BE COMPLETED BY: Child Study Team

(Revised 01/08/2026)

Date of Staffing/Meeting:

Time of Staffing/Meeting:

Location of Staffing/Meeting:

Type of Meeting (select one):

CST STAFFING

CST Meeting

Student:	Student #:	DOB:	Grade:
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Attendance (include names):

CST Chair (School Administrator) Name:

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

AGENDA

- Introductions
- Brief on referral
- Statement about the concerns
- Review of Existing Data (*Review all written input and allow for members, parent/guardian, and student to provide additional information*)
 - Behavior
 - Parent
 - Student
 - Teacher/s
 - General Health
 - Special Program
 - Other personnel
 - Review all relevant documents – assessment, referrals, student work samples, PowerSchool log entries, counselor notes, IHP, etc.
- Summary of interventions, accommodations, and supports
 - CST include supports, along with the frequency/severity/duration.
 - Complete the summary during the CST staffing, and make additions if there is new information shared during CST meeting by parent/guardian/student.
- Complete Plan of Action
 - CST should create a plan of action, not including the referral to a program, which the school will address as they wait for further assessment by Special Education, Section 504, Behavioral Health Services or an outside agency.
- Discussion (*If you need more space for notetaking, please attach to this document*)

Notes: