



**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 attached to this document)*

Notes: