



**Guam Department of Education**  
**Form K: Child Study Team I Parent/Guardian Meeting Notification**

**FORM TO BE COMPLETED BY: School Administrator**

(Revised 01/08/2026)

Date:

To:

Re: **Child Study Team Meeting**

Student:	Student #:	School Name:
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We are writing to inform you that a Child Study Team (CST) meeting has been scheduled for your child, \_\_\_\_\_, on \_\_\_\_\_.

The purpose of the meeting is to discuss educational and behavioral needs, and to develop a plan to support their learning and development.

The CST team will be comprised of CST chair, facilitator, and a teacher, and may include name other school/district personnel. We will discussing name the specific area/s of concern or issues indicated in the referral.

We invite you to attend this meeting to share your concerns and insights about your child's needs and progress. Your participation is valued and will help inform the development of the plan.

If you are unable to attend the scheduled meeting, please let us know as soon as possible so that we can arrange an alternative time.

Please confirm your attendance by \_\_\_\_\_

Thank you for your cooperation and participation in this process.

Sincerely,

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**For Parent/Guardian:**

I acknowledge that I have been informed of the following:

- The date, time, and location of the meeting,
- The professionals who will be attending the meeting,
- The specific areas of concern or issues that will be addressed during the meeting.
- The importance of my participation in the meeting.

I understand that my attendance at the meeting is critical and I am encouraged to participate to share my concerns and insights about my child's needs and progress.

By signing below, I acknowledge that I have received this notification and understand the purpose of the meeting.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Do you need a language interpreter?* ☐ YES ☐ NO

*Do need we need to consider another date and time?* ☐ YES ☐ NO Indicate new date/time: \_\_\_\_\_