

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

FORM TO BE COMPLETED BY: School Administrator

		(Revised 6/17/24	4)
Date:			
To:	[Parent/Guardian Name]		
Re:	Child Study Team Meeting		
Stud	ent:	Student #:	School Name:
Name and to The C], on [Date and Time and Location develop a plan to support their learn will be comprised of CS	n]. The purpose of the mearning and development T chair, facilitator, and a	meeting has been scheduled for your child, [Child's eeting is to discuss educational and behavioral needs, at teacher, and may include name other school/district ern or issues indicated in the referral.
We in		share your concerns and	insights about your child's needs and progress. Your
-	are unable to attend the schedule ative time.	ed meeting, please let us	know as soon as possible so that we can arrange an
Please	confirm your attendance by [Dat	e].	
Thank	you for your cooperation and par	rticipation in this process	S.
Sincer	rely,		
Title	l Administrator Name l Name		
	arent/Guardian: owledge that I have been informe The date, time, and location of The professionals who will be The specific areas of concern of The importance of my particip	the meeting, attending the meeting, or issues that will be add	ressed during the meeting.
	rstand that my attendance at the n ts about my child's needs and pro		m encouraged to participate to share my concerns and
By signing below, I acknowledge that I have received this notification and understand the purpose of the meeting.			
Parent	Name:		
Signat	ture:		
Date:			
Do yo	u need a language interpreter? 🗆	l YES □ NO	

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