



**Guam Department of Education**  
**Form L: Child Study Team I Plan of Action: School-Level Intervention(s)**

**FORM TO BE COMPLETED BY: Child Study Team**

(Revised 01/08/2026)

Date:

Student:	Student #:
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School shall have a *Plan of Action* developed during the CST meeting. Schools shall have the plan in place as further assessment is pending by Special Education, Section 504, Behavioral Health Services, or an outside agency. *Do not delay the implementation of this plan due to parent's inability to meet.* Schools shall update the Plan of Action if the CST determine additional meetings after the second CST meeting.

<b>Interventions (Recommended at the 1<sup>st</sup> CST Meeting)</b>	<b>Dates of Implementation (Approximately 4-6 wks)</b>	<b>Outcomes (Discussed at the 2<sup>nd</sup> CST Meeting)</b>
	Start Date: End Date: Person to implement:	
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**Other recommendations/notes:**

**School referred student for further assessment:  YES  NO**

*If yes, select program below:*

- Special Education
- Section 504
- Behavioral Health Services
- Other Outside Agency - Name:

**The next CST Meeting is scheduled:**