



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 6/17/24)

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.

Interventions (Recommended at the 1 st CST Meeting)	Dates of Implementation (Approximately 4-6 wks)	Outcomes (Discussed at the 2 nd CST Meeting)
	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: