



**Guam Department of Education
Form M: Child Study Team I Referral Decision**

FORM TO BE COMPLETED BY: Child Study Team

(Revised 01/08/2026)

Date:

Student:	Student #:
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Dear Parent/Guardian:

Your child was referred to the Child Study Team (CST) on: for the area of/concern in:

As part of the CST process, the CST reviewed existing data to order to:

1. Plan in-school intervention(s);
2. Determine whether the child is a child with a disability and the educational needs of the child;
3. Determine the present levels of academic achievement and related developmental needs of the child;
4. Determine whether the child should be referred to special education and related services, Section 504 services, Psychological Services, or services from an outside agency.

At this time, the CST is recommending to take the following action:

☐ **The CST will develop school-level intervention, using the Plan of Action. At this time, the existing data DOES NOT support a referral to a program.**

Parent/Guardian Noticed:

Parent/Guardian Signature:

**Provide a copy of the CST and the Plan of Action.*

☐ **Referral to Special Education**

Date Submitted:

Name of IEPC/CRT:

**Attached a copy of the CST to the SPED referral.*

☐ **Referral to Section 504**

Date Submitted:

Name of 504 School-Site Coordinator:

**Attached a copy of the CST to the 504 referral.*

☐ **Referral to Behavioral Health Services**

Date Submitted:

Name of School Counselor:

**Submit to the school counselor with a copy of the CST, and attach the Permission to Evaluate as indicated in SOP1200-019.*

**** File original CST in the student's cumulative folder.**

☐ **Referral to Child and Adolescent Services Division** (I Famagu'on-ta: Guam Behavioral Health & Wellness Center)

Date Submitted:

Name of Program Person:

**Submit to the school counselor with a copy of the CST, follow the Indahi process, and attach the Consent to Release signed by parent/guardian.*

☐ **Referral to Outside Agency**

Date Submitted:

Name of Agency & Person:

**Submit to outside agency with a copy of the CST, and complete the Consent to Release signed by parent/guardian and attached to CST.*

☐ **Retention in Grade Level:**

☐ **Promoted to Grade Level:**

Parent/Guardian Noticed:

Parent/Guardian Signature:

**Refer to BP339*

Note: If parent is not present at meeting, school administrator or designee shall discuss with parent/guardian about the decision and provide a copy of the CST.

Parent/Guardian Noticed:

Parent/Guardian Signature:

CST Committee Name and Signature:

CST Member	Name	Signature
School Administrator (CST Chair):		
CST Facilitator:		
Teacher:		
Other School Personnel:		
Other School Personnel:		
Parent/Guardian:		
Student:		
Other Person:		
Other Person:		

☐ **Parent/Guardian refuses the *CST Referral Decision* as indicated above.**

Reasons for the refusal:

Parent/Guardian Name & Signature:

Date: