WAYLAND PUBLIC SCHOOLS
Child Study Team Form


SCHOOL: ____________________ GRADE: _______ TEACHER: __________

PARENT'S NAME: ____________________ ADDRESS: __________ PHONE: __________

PARENT'S NAME: ____________________ ADDRESS: __________ PHONE: __________

Does child live with both parents? ______ If not, parent with whom, child resides ______
If child lives with neither parent, name of adult(s) with whom child resides and their relationship to child: ______

Has the student been previously assessed or referred? ______ If so, when? __________________________

Has the student repeated a grade? ______

SPECIFIC REASON FOR PRESENTATION/CONCERN:


STRATEGIES USED TO MEET STUDENT'S NEEDS IN CLASSROOM PRIOR TO PRESENTATION:
(describe all methods, strategies, interventions attempted within the regular classroom program)

CURRENT SCHOOL PERFORMANCE:

Language Arts/Reading/English: ______ Math: ______

Speech and Language: ______ Science: ______

Social Studies: ______ Other: ______

STUDENT'S STRENGTHS:
INTERPERSONAL RELATIONSHIPS:

IS CHILD OFTEN ABSENT OR TARDY? __________
MEDICAL CONCERNS: ______________________

Results of last hearing screening and date:
Results of last vision screening and date:

ARE PARENTS AWARE OF CONCERN? ______________________

WHOM ELSE HAVE YOU CONSULTED? ______________________

CASE PRESENTER: ______________________ DATE: ______________________

RECOMMENDATION

☐ 504 Accommodation
☐ Modification of classroom Program
☐ Referral of 766 Evaluation*
☐ Referral for Re-Evaluation*
☐ Other: ______________________

COMMENTS:

*Kindly attach this form to a 766 Referral For (766-1)