

WAYLAND PUBLIC SCHOOLS

Child Study Team Form

STUDENT NAME: _____ D.O.B.: _____ AGE: _____ SEX: _____

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: