

Child Study Team Form

Student Name:		DOB:	
Age:		Sex:	
School:	Grade:	Teacher:	
Parent Name:		Phone:	
Address:			
Parent Name:		Phone:	
Address:			
Does this 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 relationship to the child:			
Has this student been previously addressed or referred?			
Has this student repeated a grade?			

Specific reason for presentation/concern:

Strategies used to meet student's needs in the classroom prior to presentation (describe all methods, strategies, and interventions attempted within the regular classroom program):

Current School Performance

Language Arts/Reading/Writing:	Speech and Language:
Math:	Personal & Social Development:
Science/Social Studies	Motor Development:
Work Habits:	Other:

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Student's Strengths:

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Interpersonal Relationships:

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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?
With whom else have you consulted?

Case presenter:	Date:
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Recommendation:

- 504 Accommodation**
- Modification of Classroom Program**
- Referral of 766 Evaluation***
- Referral of Re-Evaluation***
- Other:**

Comments:

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{* kindly attach this form to a 766 Referral for (766-I)}