

CHILD STUDY TEAM MEETINGS



WHAT IS A CHILD STUDY TEAM?

The Child Study Team is a school-based problem-solving team. It is a team that assists students with academic, social, emotional, behavior and developmental concerns.

WHAT IS THE PURPOSE OF A CHILD STUDY TEAM?

Their purpose is to provide a support system in general education setting that will generate effective interventions for children who are experiencing challenges in learning or behavior difficulties in school

WHO CAN A REQUEST A CHILD STUDY TEAM MEETING FOR A CHILD AND HOW CAN THEY REQUEST IT? (See attached form.)

- Parent / Guardian-Request a Child Study Team Form from Teacher, Main Office Staff or a form can be obtained from the school website. This form will be submitted to the building principal.
- Instructional Coach-Requests may be made based on data reviews.
- Teacher-Requests may be made based on classroom observations and data.

(Specific Concerns are identified on the Referral Form.)



WHO ARE THE MEMBERS OF A CHILD STUDY TEAM?

The Child Study Team members may consist of various staff members and educators such as: a school psychologist, classroom teacher, guidance counselor, principal, special education teacher-consultant, school social worker or nurse along with the child's parent / guardian.

WHAT HAPPENS AT THE CHILD STUDY TEAM MEETINGS?


The primary responsibility once the team is formulated is to follow the performance of the child and consider all alternatives to support success. The Child Study Team will identify appropriate time frames for the review of student performance. In some cases, the review may result in a recommendation for further intensive services offered from the Special Education Department.



**** Parents can make a referral for a special education evaluation at any time if they think their child might have a learning or behavior disability. The referral must be completed, signed and dated. The form is then submitted to the principal. (See attached form.)**



CST Referral
Oneida Nation Schools
N7125 Seminary Road
Oneida, WI 54155
Ph: 920-869-4600 Fax:

eduCLIMBER 

General Information

Student Name:: School: Oneida Nation School Grade:
Person making request:: Date:: Date of Parent Contact:
Attendees:: Attendees:: Attendees:: Attendees::
How is the student's attendance this year and the past?:
Please list any school or support services/programs currently in place:
List several strengths, talents or specific interests for this student:
Please note any medical or health concerns for this student:

Instructional Information

What makes this student difficult to teach? List any academic, social, emotional, behavioral or medical factors that seem to negatively affect the student's progress.:

How do this student's academic skills compare to those of average students in your classroom in reading, writing, math, organizational skills?:

List any other general information about the student's academic levels or abilities (district results) that may help us understand your concern:

Score Field:

Problem-Identification Information

ACADEMIC: Please list/describe current or past interventions the student is receiving:

When have you observed the problem occurs most often? :

BEHAVIOR: Please list/describe current or past interventions the student is receiving:

When have you observed the problem occurs most often?:

Please list members of your instructional team/building staff whom you would like to:

Receive an invitation to the initial RTI meeting::

Preferred Day/ Time to Meet:

Community Members to Invite:

Parent to Invite:

TO: Special Education

FROM: _____
(Parent – Print)

RE: REQUEST for SPECIAL EDUCATION TESTING

I have concerns about my child's _____
(Child's Name – Print)

- Learning
- Social Skills
- Emotional Problems
- Behavior Problems
- Developmental Progress

I am requesting Special Education testing for my child. Please contact me to let me know when you will be testing my child.

Thank you

Parent Signature

Date

Specific Concerns: _____

