



Guam Department of Education
Form E: Child Study Team I Child Identification Checklist

FORM TO BE COMPLETED BY: Teachers

(Revised 01/08/2026)

Date:

Student:	Student #:
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The teacher to complete the document and attached to the CST Teacher Written Input.

Academics		Yes	No
Comprehends grade level text and materials		<input type="checkbox"/>	<input type="checkbox"/>
Writes/prints legibly		<input type="checkbox"/>	<input type="checkbox"/>
Spelling average		<input type="checkbox"/>	<input type="checkbox"/>
Copies information from the board easily		<input type="checkbox"/>	<input type="checkbox"/>
Identifies numbers		<input type="checkbox"/>	<input type="checkbox"/>
Writes numbers		<input type="checkbox"/>	<input type="checkbox"/>
Adds		<input type="checkbox"/>	<input type="checkbox"/>
Subtracts		<input type="checkbox"/>	<input type="checkbox"/>
Multiplies		<input type="checkbox"/>	<input type="checkbox"/>
Divides		<input type="checkbox"/>	<input type="checkbox"/>
Solves word problems		<input type="checkbox"/>	<input type="checkbox"/>
Tells time		<input type="checkbox"/>	<input type="checkbox"/>
Identifies coins and bills		<input type="checkbox"/>	<input type="checkbox"/>
Completes assignments on time		<input type="checkbox"/>	<input type="checkbox"/>
Organizes school materials and assignments		<input type="checkbox"/>	<input type="checkbox"/>
Follows oral/written directions		<input type="checkbox"/>	<input type="checkbox"/>

Language Auditory Reception/Comprehension		Yes	No
Able to follow directions with no difficulty		<input type="checkbox"/>	<input type="checkbox"/>
Able to respond accurately to questions		<input type="checkbox"/>	<input type="checkbox"/>
Able to retain information given verbally		<input type="checkbox"/>	<input type="checkbox"/>

Sign Language		Yes	No
Uses formal sign language		<input type="checkbox"/>	<input type="checkbox"/>
Uses idiosyncratic or personalized signs		<input type="checkbox"/>	<input type="checkbox"/>

Behavior		Yes	No
Brings appropriate materials to school		<input type="checkbox"/>	<input type="checkbox"/>
Asks questions		<input type="checkbox"/>	<input type="checkbox"/>
Changes activities without incident		<input type="checkbox"/>	<input type="checkbox"/>
Listens		<input type="checkbox"/>	<input type="checkbox"/>
Uses socially acceptable language		<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate way for getting attention		<input type="checkbox"/>	<input type="checkbox"/>
Shares		<input type="checkbox"/>	<input type="checkbox"/>
Tells the truth		<input type="checkbox"/>	<input type="checkbox"/>
Gets along with peers		<input type="checkbox"/>	<input type="checkbox"/>
Participates in classroom activities		<input type="checkbox"/>	<input type="checkbox"/>
Follows rules of situation, activity or environment		<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for own behavior		<input type="checkbox"/>	<input type="checkbox"/>
Stays on tasks to completion		<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively		<input type="checkbox"/>	<input type="checkbox"/>
Controls anger		<input type="checkbox"/>	<input type="checkbox"/>
Gets along with adults (teachers, aides, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Consistently attentive		<input type="checkbox"/>	<input type="checkbox"/>

Communication		Yes	No
Receiving ESL services		<input type="checkbox"/>	<input type="checkbox"/>
Has been seen or referred for ear, nose, or throat problem?		<input type="checkbox"/>	<input type="checkbox"/>
Has known medical/emotional problems that may have an effect on speech?		<input type="checkbox"/>	<input type="checkbox"/>
Has been referred for or received speech and language services in the past?		<input type="checkbox"/>	<input type="checkbox"/>
Use gestures to communicate		<input type="checkbox"/>	<input type="checkbox"/>

Articulation		Yes	No
Able to produce all age appropriate speech sounds clearly		<input type="checkbox"/>	<input type="checkbox"/>
Student's conversational speech is easily understood by the average listener		<input type="checkbox"/>	<input type="checkbox"/>
Student's speech is free of immature or "babyish" sounds		<input type="checkbox"/>	<input type="checkbox"/>

Pragmatics		Yes	No
Stays on topic being discussed		<input type="checkbox"/>	<input type="checkbox"/>
Able to understand cause & effect		<input type="checkbox"/>	<input type="checkbox"/>
Makes eye contact when talking		<input type="checkbox"/>	<input type="checkbox"/>
Likes talking with people		<input type="checkbox"/>	<input type="checkbox"/>
Takes turns in conversations		<input type="checkbox"/>	<input type="checkbox"/>

Fluency/Stuttering	Yes	No
Speech rate is appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Able to respond to discussion questions, and produce spontaneous expression without hesitations or repetitions.	<input type="checkbox"/>	<input type="checkbox"/>
Student is free of secondary signs of physical struggle when speaking (facial grimaces, eye or head jerks, rapid eye movements)	<input type="checkbox"/>	<input type="checkbox"/>

Socialization	Yes	No
Interacts appropriately with peers	<input type="checkbox"/>	<input type="checkbox"/>
Shares with peers appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Control of anger and frustration is age appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play with peers.	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to natural cues in the environment (peers, bell, clock, adult).	<input type="checkbox"/>	<input type="checkbox"/>
Works well in large group settings.	<input type="checkbox"/>	<input type="checkbox"/>
Able to take turns in group settings	<input type="checkbox"/>	<input type="checkbox"/>

Motor Skills	Yes	No
Referred for physical therapy services in the past.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date:		
Had orthopedic or neurological surgery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, indicate the type of equipment below.		
Walks independently, without support.	<input type="checkbox"/>	<input type="checkbox"/>
Check any of the following used by the student:	<input type="checkbox"/>	<input type="checkbox"/>
□ Wheelchair □ Cane □ Walker		
□ Crutches □ Braces		
□ Other:		
Goes up and down stairs without help	<input type="checkbox"/>	<input type="checkbox"/>
Walks and runs with coordinated movements.	<input type="checkbox"/>	<input type="checkbox"/>

Cognition	Yes	No
Has appropriate attention and/or concentration	<input type="checkbox"/>	<input type="checkbox"/>
Uses problem solving skills appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Able to remember information	<input type="checkbox"/>	<input type="checkbox"/>

Tactile	Yes	No
Responds appropriately to touching objects or contact with people/environment	<input type="checkbox"/>	<input type="checkbox"/>
Can restrain from touching items that are "off limits"	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates messy activities	<input type="checkbox"/>	<input type="checkbox"/>

If the recommendation is a referral to Special Education, indicate the areas of assessment:

- Psychological Services
- Speech & Language
- DHHP
- Vision
- Occupational Therapy
- Physical Therapy
- Leisure Education
- Emotional Disabilities
- Assistive Technology
- Autism
- Behavioral

Voice	Yes	No
Has a physician referred this child for voice therapy?	<input type="checkbox"/>	<input type="checkbox"/>
Voice is free of hoarse, harsh or nasal qualities	<input type="checkbox"/>	<input type="checkbox"/>
Student is free of intermittent voice loss during speaking or reading	<input type="checkbox"/>	<input type="checkbox"/>

Visual Perception	Yes	No
Eyes work together normally	<input type="checkbox"/>	<input type="checkbox"/>
Copies from the board with ease.	<input type="checkbox"/>	<input type="checkbox"/>
Copies from book or paper with ease.	<input type="checkbox"/>	<input type="checkbox"/>
Uses letters or numbers age appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Uses good posture for writing and reading	<input type="checkbox"/>	<input type="checkbox"/>