

ROANOKE COUNTY PUBLIC SCHOOLS  
5937 COVE ROAD  
ROANOKE, VIRGINIA  
(540) 562 – 3900

**CHILD STUDY TEAM: INITIAL MEETING**

Student: \_\_\_\_\_ School \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Referral Date: \_\_\_\_\_

***Step 1: Inventory Student Strengths, Talents, & Reinforcers:***

List any additional student strengths, talents, and/or positive incentives that the student finds motivating. Hint: Strengths, talents, and motivating rewards can be good sources of ideas for intervention planning.

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***Step 2: Review Referral Concerns:***

The Child Study Team Chairperson and/or the Principal Designee reviews information from Parent(s)/Guardian(s), Teachers, and Records. List academic, behavior and/or communication problems that interfered with the student's performance and/or learning. Provide documentation of specific information from the student's scholastic record, such as achievement scores, screening results, and/or group standardized data.

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**Step 3: Select Target Teacher Concerns:**

Define the top 1-2 concerns in observable terms (top 1-2 difficulties that most interfere with the student's functioning in the classroom):

Behavior problems should include relevant information about *frequency*, *duration*, and/or *intensity* of behavior (e.g., using baseline data from screening instruments, direct observations).

Academic problems should have data regarding student *fluency* and *accuracy* in the area of concern (e.g., curriculum based assessment) as well as information about *work completion*.

			<b>Reasons/Functions for Behavior</b>	
Issue #1 - Type: <input type="checkbox"/> Academic <input type="checkbox"/> Inattention <input type="checkbox"/> Overly Active <input type="checkbox"/> Aggression/Defiance <input type="checkbox"/> Work Attitude <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Medical <input type="checkbox"/> Developmental: (Circle area: Physical Development, Cognitive Development, Communication Development, Social or Emotional Development, or Adaptive Development) <input type="checkbox"/> Other - Describe: _____	<b>Behavioral</b> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has limited motivation <input type="checkbox"/> Seeks attention from adults <input type="checkbox"/> Seeks attention from peers <input type="checkbox"/> Reacting to teasing/bullying <input type="checkbox"/> Tries to escape from work demands or setting <input type="checkbox"/> Seeks access to privileges, rewards <input type="checkbox"/> Seeks sensory stimulation (e.g., playing with objects) <input type="checkbox"/> Other- Describe _____	<b>Academic</b> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has limited motivation <input type="checkbox"/> Struggling academically in current instructional placement <input type="checkbox"/> Needs drill & practice <input type="checkbox"/> Other- Describe _____		
<b>Concerns regarding Issue #1:</b>				
Issue #2 - Type: <input type="checkbox"/> Academic <input type="checkbox"/> Inattention <input type="checkbox"/> Overly Active <input type="checkbox"/> Aggression/Defiance <input type="checkbox"/> Work Attitude <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Medical <input type="checkbox"/> Developmental: (Circle area: Physical Development, Cognitive Development, Communication Development, Social or Emotional Development, or Adaptive Development) <input type="checkbox"/> Other - Describe: _____	<b>Behavioral</b> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has limited motivation <input type="checkbox"/> Seeks attention from adults <input type="checkbox"/> Seeks attention from peers <input type="checkbox"/> Reacting to teasing/bullying <input type="checkbox"/> Tries to escape from work demands or setting <input type="checkbox"/> Seeks access to privileges, rewards <input type="checkbox"/> Seeks sensory stimulation (e.g., playing with objects) <input type="checkbox"/> Other - Describe: _____	<b>Academic</b> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has limited motivation <input type="checkbox"/> Struggling academically in current instructional placement <input type="checkbox"/> Needs drill & practice <input type="checkbox"/> Other-Describe _____		
<b>Concerns regarding Issue #2:</b>				

***Step 4: Child Study Team Decision:***

- Refer the student for consideration of Section 504 Eligibility. The Child Study Team has reason to believe that a disability exists that significantly impairs a major life activity compared to average peers.
  
- Refer the student for consideration for a Special Education Evaluation. The Child Study Team suspects that a disability exists that may substantially impair the student's ability to access the general curriculum and meet the standards that apply to all students in Roanoke County Public Schools because the student has failed to make meaningful progress.
  
- Develop a Child Study Intervention Plan

***Step 5: Child Study Intervention Plan***

**Target Issue #1:**

Baseline Data Collected for Target Issue #1:

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Detailed Description of Interventions for Target Issue #1:

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Goal for Target Issue #1:

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**Target Issue #2:**

Baseline Data Collected for Target Issue #2:

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Detailed Description of Interventions for Target Issue #2:

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Goal for Target Issue #2:

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When will the intervention(s) start?

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Where will the intervention(s) take place?

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Who will be responsible for implementation of this intervention plan? \_\_\_\_\_

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What, if any, special instructional or behavioral program material or training is needed for this intervention(s)? Be specific: \_\_\_\_\_

***Step 6: Plan how to share meeting information with the student's parent(s):***

If the parent was not in attendance, who will share the meeting information with the student's parent(s)? \_\_\_\_\_

**CHILD STUDY TEAM SIGNATURES:**

Referring Source: \_\_\_\_\_

Teacher: \_\_\_\_\_

Principal/Designee: \_\_\_\_\_

Specialist: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Follow-up meeting date and time, if necessary: \_\_\_\_\_