

FSM DEPARTMENT OF EDUCATION - SPECIAL EDUCATION PROGRAM

Child Assistance Team – School Intake Form

This form should be used by teachers or other concerned individuals in school to refer a child to the Child Assistance Team. The Intake Form should be completed and delivered to the Principal.

Name of Teacher:	School:		
Name of Student:	Grade:	DOB:	Date:

Screening Information: Based on the screening information gathered, the student meets the following criteria for referral to the CAT. Attach appropriate documentation.

Criteria 1 – Special Education Evaluation Criteria 2 – Refer for Intervention Plan
 Criteria 3 – Special Education Evaluation Criteria 5 – Special Education Evaluation
 Criteria 6 – Experiencing Other Concerns (see attached checklist)

Summary of Concerns: Please check the areas of concern. Please attach any further documentation of your concerns.

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Health (Physical/Motor)
<input type="checkbox"/> Intellectual/Cognitive	<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Vocational	<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Social Emotional

Describe Concerns: Please describe the areas of concern and what impact these will have on student learning at school. Please attach any further documentation of your concerns.

Summary Steps You Have Taken to Address the Concerns: Please attach any documentation

Describe Goals: Please describe what goals would be appropriate for this student

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Name of Teacher:	School:		
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Intake Form Submitted by:		
_____	_____	_____
Name	Title/Position	Date

Contact Information (Phone number and/or address)		

Intake Form Received by:		
_____	_____	_____
Name	Title/Position	Date