SCUSD- COST Referral Form

Clear Form

(Coordination of Services Team: For students needing support after Tier 1 efforts have been exhausted.)

NOTE: If you suspect Child Abuse or Neglect **YOU MUST** notify CPS at 916-875-5437. For Safety Concerns, contact Police at 916-808-5471

STUDENT INFORMATION:

Student Name:	Teacher	School/Class	Date of Birth	Sex

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name	Relationship	Street Address	Zip Code

Phone #1	Phone #2	Is an SST meeting needed? ☐ Yes ☐ No

Primary language spoken at home? ☐ English ☐ Other:

Is the student EL? ☐ Yes ☐ No

Has the family been informed that you are making this referral? ☐ Yes ☐ No If so, who?

REASONS FOR REFERRAL: MARK ALL THAT APPLY

Academic/School Needs

- ☐ Attendance/truancy
- ☐ Academic concerns
- ☐ Following directions
- ☐ Listening/attending
- ☐ Organizational skills
- ☐ Class participation
- ☐ Starting/maintaining task
- ☐ Difficulty expressing ideas verbally
- ☐ Oral Comprehension
- ☐ Speech / Language
- ☐ Difficulty retaining/Memory concerns
- ☐ Incomplete HW/ Classwork

☐ *Ongoing concern*
☐ *Recent change*

Emotional/Behavioral Needs

- ☐ Anger management
- ☐ Self esteem/self image/self worth
- ☐ Unengaged or uninvolved
- ☐ Disrupts class
- ☐ Task-avoidance behaviors
- ☐ Escape behaviors (classroom, school)
- ☐ Exhibits anxious behaviors
- ☐ Doesn't follow school/class expectations
- ☐ Assumes no responsibility for actions
- ☐ Difficulty with transitions
- ☐ Lacks respect for authority
- ☐ Suspension / ☐ Expulsion
- ☐ Overwhelming sadness / ☐ Cries often
- ☐ Suicidal thoughts or feelings
- ☐ Self-harm/cutting
- ☐ Trauma/possible PTSD

☐ *Ongoing concern* ☐ *Recent change*

Social Needs

- ☐ Parent/family/child relationships/conflicts
- ☐ Rejects help or does not seek help
- ☐ Peer conflict/bullying
- ☐ Poor peer relations
- ☐ Follows inappropriate peer models
- ☐ Seeks constant teacher/peer attention
- ☐ Death in family
- ☐ Child in foster care
- ☐ Divorce/separation/family change or transition

☐ *Ongoing concern*
☐ *Recent Change*

Health/Basic Needs

- ☐ Eating concerns
- ☐ Appears tired/listless
- ☐ Basic needs: food, shelter, clothing
- ☐ Health issues: vision, dental, stomach, headaches, etc.
- ☐ Falls asleep in class
- ☐ Often misses school due to illness
- ☐ Health insurance
- ☐ Attention concerns

☐ *Ongoing concern*
☐ *Recent Change*

Please provide a brief description of the observed behaviors / reason for referral:

Please list the interventions already attempted (for example, ALFA, CLIMB, family communication, small group, etc):

District Services

Does student currently have, or has student been referred to:

SST	☐ Yes	☐ No	☐ Unsure
Active IEP/Special Education	☐ Yes	☐ No	☐ Unsure
504 Plan	☐ Yes	☐ No	☐ Unsure
Restorative Justice	☐ Yes	☐ No	☐ Unsure
SARB	☐ Yes	☐ No	☐ Unsure
SART	☐ Yes	☐ No	☐ Unsure

Community Services

Does student go to ELO after school? ☐ Yes ☐ No ☐ Unsure

To the best of your knowledge, is the student and/or the family working with anyone else on this issue? (for example, therapy, outside community provider, medication, private tutoring, etc)
☐ Yes ☐ No ☐ Unsure
If so, who?

REFERRED BY: Please share the completed form to your coordinator. Thank you!

Name	Title	Date Submitted

STUDENT INFORMATION:		
Student Name	Grade/Teacher	Date of COST meeting
COST point person who will follow up with you about this plan:		

Action items (suggested interventions, next steps, reasoning):	Person(s) responsible:

Please reach out to COST point person or person(s) responsible for specific action items should you need any additional support after initiating the action items.

COST point person will check-in with you about progress on: _____