



# COORDINATION OF SERVICES TEAM (C.O.S.T.) REFERRAL

OFFICE USE ONLY  
DATE RECEIVED: \_\_\_\_\_  
CASE # \_\_\_\_\_

## SECTION A- GENERAL INFORMATION

STUDENT \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_ ROOM/TRACK \_\_\_\_\_

PARENT LANGUAGE \_\_\_\_\_ PERSON REFERRING \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

LANGUAGE CLASSIFICATION— EO IFEP RFEP LEP ELD LEVEL 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

## SECTION B- CURRENT PERFORMANCE

REASON FOR REFERRAL: \_\_\_\_\_

WHAT OUTCOME ARE YOU LOOKING FOR? \_\_\_\_\_

Is AN SST NEEDED? \_\_\_\_\_

**PROBLEMS NOTED: (PRIORITIZE PROBLEMS WITH #1 BEING YOUR BIGGEST CONCERN.)**

ACADEMIC	HEALTH— VISION	BEHAVIOR	SPEECH/LANGUAGE
EL PROGRESS	HEALTH- HEARING	SOCIAL-EMOTIONAL	MOTOR SKILLS
AT-RISK	HEALTH— OBESITY	DEATH IN FAMILY	OTHER:
ATTENTION DIFFICULTIES	HEALTH— OTHER:	LACK OF PARENT SUPPORT	OTHER:
ATTENDANCE/TARDINESS	HYGIENE	PARENT SEPARATION	OTHER:

STRENGTHS/INTERESTS IN THE CLASSROOM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACADEMIC PERFORMANCE: (Briefly state academic performance— reading/math level, retention of learning concepts, and other observations): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BEHAVIOR: (If applicable, give specific examples of disruptive or withdrawal behavior with peers and adults in the school environment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEALTH PROBLEMS NOTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**SECTION C— RECORD REVIEW**



**GRADE RETAINED-**  
\*IF APPLICABLE

K 1 2 3 4 5

**# OF SCHOOL CHANGES-** \_\_\_\_\_

<b>CURRENT ATTENDANCE—</b>		ABSENCES- _____		TARDIES- _____			
<b>PAST ATTENDANCE (AS PER CUM.)</b>							
	<b>K</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>RETAINED GRADE</b> _____
<b>DAYS PRESENT</b>							
<b>DAYS ABSENT</b>							

**RELEVANT CUM. COMMENTS-** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECK ALL SPECIAL SERVICES/SUPPORTS RECEIVED THIS SCHOOL YEAR:**

<input type="checkbox"/> SATURDAY INTERVENTION (DATES-) _____	<input type="checkbox"/> ADOPT-A-DOLPHIN MENTORING PROGRAM
<input type="checkbox"/> IWT INTERVENTION PROGRAM _____	<input type="checkbox"/> SCHOOL-BASED COUNSELING
<input type="checkbox"/> TARGETED INTERVENTION PROGRAM (T.I.P.) _____	<input type="checkbox"/> FAMILY STRESS COUNSELING
<input type="checkbox"/> GREEN MACHINE (DATES-) _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> LEARNING CENTER (DATES-) _____	<input type="checkbox"/> OTHER _____

**SECTION D— MEETING PREPARATION**

**ACTIONS TAKEN PRIOR TO REFERRAL TO COST:**

**MANDATORY ACTIONS**

I HAVE REVIEWED THE CUMULATIVE RECORD (CUM) AND LISTED RELEVANT INFO ABOVE.

I HAVE CONSULTED THE PRE-REFERRAL CLASSROOM INTERVENTIONS AND MODIFICATIONS (AVAILABLE ON-LINE). I HAVE ATTEMPTED AT LEAST TWO INTERVENTIONS IN THE CLASSROOM AND WILL BE PREPARED TO DISCUSS THEM IF AN SST IS SCHEDULED.

I HAVE CONFERENCED WITH THE PREVIOUS TEACHER.

I HAVE CONFERENCED WITH THE PARENTS ABOUT MY CONCERN(S) ON \_\_\_\_\_ (DATE).

I AGREE TO GATHER AND BRING OCR, MATH, STAR TESTING, AND ELD DATA TO THE MEETING.

**OPTIONAL ACTIONS**

I HAVE CONFERENCED WITH \_\_\_\_\_.

I HAVE REQUESTED A CLASSROOM OBSERVATION FROM \_\_\_\_\_.

**IF AN SST IS HELD, I WOULD LIKE TO REQUEST THAT THE FOLLOWING EXPERTS ATTEND:**

<input type="checkbox"/> LITERACY COACH	<input type="checkbox"/> SCHOOL PSYCHOLOGIST	<input type="checkbox"/> INTERVENTION COORDINATOR
<input type="checkbox"/> MATH COACH	<input type="checkbox"/> SCHOOL COUNSELOR (PICS)	<input type="checkbox"/> SPEECH THERAPIST
<input type="checkbox"/> E.L. COACH	<input type="checkbox"/> SCHOOL NURSE	<input type="checkbox"/> OCCUPATIONAL THERAPIST
<input type="checkbox"/> E..L. COORDINATOR	<input type="checkbox"/> RSP/LEARNING CENTER TCHR.	<input type="checkbox"/> OTHER _____