Coordination of Services Team (COST)

Tools



- COST Referral Process
- Sample Referral Form
- Sample Agenda
- Sample Referral Tracker

Coordination of Services Team (COST) Referral Process



Referral

Student referred by self-referral, teachers, staff, principals, parents, community based organizations, city and county agencies or parent advocates through Universal Referral form

Intake

Site Coordinator (SC) brings referrals to Coordinated Services Team (COST), facilitates regular COST meetings, tracks referrals and monitors implementation of interventions.

Coordinated Services Team (COST) screens referrals and link students to the appropriate program or service.

Assessment, Service Delivery & Monitoring

			Mahada
Mental Health	Clinical Case Management	Special Education	SST
School Nurse	Academic Counseling	Conflict Resolution	Outside Referral
Administration	After School Programs	GATE	Parent Liaison

Site Coordinator monitors service provision, reviews case with COST, communicates with administration and teachers, and provides monthly data reports and consultations

Evaluation

Coordinated Services Team (COST) evaluates process and data to improve service delivery, provides technical assistance to teams, and conducts ongoing supervision of therapist, CM, SC, peer mediation coach, Second Step teachers, etc. CONFIDENTIAL

COST REFERRAL FORM

CONFIDENTIAL

NOTE: If you suspect Child Abuse or Neglect YOU MUST notify CPS (510) 259-1800

I. STUDENT INFORMATION:		Eller to the	\$ 4.						
(Student Name)	School	Grade	Date of Birth	Sex (M/F)					
		Oraco	Date of Birth	SON (IVIII)					
Is student aware that you are making this referral? () Yes () No	0								
II. PARENT(S) / GUARDIAN(S) INFORMATION	ON:	ron of the state o	1						
(Parent/Guardian Name) Rel	ationship	Street Address		Zip Code					
(Home) (Work)	(0	Cell)	(Other)					
Primary Language Spoken at Home?									
Has the family been informed that you are making this Referral? () Ye	s () No If so,	who?							
III. REASONS FOR REFERRAL: CHECK ALL	THAT APP	LY.	in the same of the						
Academic/School Needs Emotional/Behavioral Ne	eds Social l	Rel'ship Needs	Health/Ba	sic Needs					
() Attendance/ Truancy () Academic Concerns () Behavior in Classroom () Suspensions () Expulsions () Learning difficulties () Possible ADHD/attention iss () Violence Related Issues () Trauma/possible PTSD Please provide a brief description of the reason for relative to the relative	vorth Re () Datin () Genc () Sexu () Gang () Chil () Peer	ent-Family-Child lationships/Conflicts ing /partner issue der/ Sex Identity Issue latized Behavior/ xual Harassment g Involvement d in Foster Care r Conflict/Bullying	() Basic Ne shelter () Health Iss dental, sto headache	e Abuse/ Use eds (food, r,clothing) sues (vision, omach,					
IV. ADDITIONAL SERVICES									
District Services		Community S	ervices						
Does student currently have or been referred to: SST		ur knowledge, are the stu on this issue? (Therapy, () Yes () No (ident and/or the fa Outside Commun						
SARB() Yes () No () Unsure		Is the student on Pr	obation?						
SART () Yes () No () Unsure DHP () Yes () No () Unsure	() Yes () No () Unsure								
/. REFERRED BY:		() 100 () 110 (one and the same						
Name	Title	Date	Referr	od To					
INAME	Title	Date	Kelen	cuit					

COORDINATION OF SERVICES TEAM (C.O.S.T.) Meeting Agenda- SAMPLE

- 1. Introductions Check in, Sign-in
- 2. Principal's Update
- 3. Schedule & Contact information
- 4. Site Coordination
 - New Referrals & Updates
- 5. Family Resource Center Update
- 6. Case Management Update Update
 - Current Case Load & New referrals
- 7. SST Case Load Update
 - Upcoming SST's
- 8. Mental Health Therapy Update
 - Current Case Load & New Referrals
- 9. Conflict Resolution Update
- 10. Truancy Update- Administrator
- 11. After School Update K. Oguinn
- 12. Closing
 - Next meetings:

COST Referral Tracker 08-09

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consent?																														
Status																														
Brokered to / for																														
Reason for referral																														
Date Referred																														
Referred by																														
Medical																														
DOB																														
Gen.																														
<u>م</u> .																														
First Name																														
Last Name																														