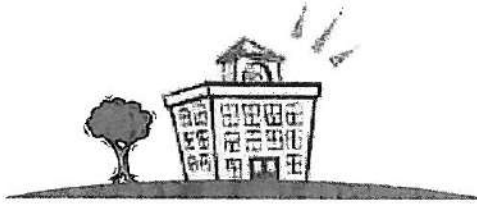


Coordination of Services Team (COST) Tools



- 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

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:

(Student Name) School Grade Date of Birth Sex (M/F)
Is student aware that you are making this referral? () Yes () No

II. PARENT(S) / GUARDIAN(S) INFORMATION:

(Parent/Guardian Name) Relationship Street Address Zip Code
(Home) (Work) (Cell) (Other)
Primary Language Spoken at Home?
Has the family been informed that you are making this Referral? () Yes () No If so, who?

III. REASONS FOR REFERRAL: CHECK ALL THAT APPLY

Table with 4 columns: Academic/School Needs, Emotional/Behavioral Needs, Social Rel'ship Needs, Health/Basic Needs. Lists various needs with checkboxes.

Please provide a brief description of the reason for referral:

IV. ADDITIONAL SERVICES

Table with 2 columns: District Services, Community Services. Lists services like SST, IEP, SARB, SART, DHP and community services with checkboxes.

V. REFERRED BY:

Name Title Date Referred To

**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:

