

Confidential

Mt. Whitney High School
COST Referral Form

Confidential

NOTE: If you are aware of, or suspect, child abuse or neglect, YOU must notify CWS. 1-800-331-1585

1. STUDENT INFORMATION

Name

Grade

DOB

Gender

Is student aware that you are making this referral? Yes ☐ No ☐Is parent/guardian aware that you are making this referral? Yes ☐ No ☐**2. REASONS FOR REFERRAL (check all that apply):**

Academic needs	Emotional/behavioral needs	Social/Relationship needs	Health/Basic needs
Attendance ☐	Anger management ☐	Parent/family conflicts ☐	Grief related issue ☐
Tardiness ☐	Self esteem/image ☐	Dating/partner issues ☐	Eating concern ☐
Academic concern ☐	Possible depression ☐	Sexual identity concern ☐	Substance abuse/use ☐
Learning difficulties ☐	Suicidal thoughts ☐	Overt sexual behavior ☐	Basic needs (food, ☐
Classroom behavior ☐	Self-injurious ☐	Gang involvement ☐	shelter, clothing) ☐
Suspensions ☐	ADD/ADHD/attention ☐	In foster care ☐	Health issues ☐
	Violent/aggressive ☐	Peer conflict/bullying ☐	Sexual health issue ☐

Please provide a brief description of the reason for the referral:

3. ADDITIONAL SERVICES

District Services	Community Services
Does the student currently have, or has the student been referred to:	To the best of your knowledge, are the student and or family working with anyone else on these issues, i.e., outside counseling services, therapy, tutoring, etc.?
Student Study Team meeting ☐	Yes ☐ No ☐
Active IEP ☐	If so, with whom?
Special Education Assessment ☐	
SARB/CARB ☐	
	Is the student on Probation? Yes ☐ No ☐

4. Referred by:

Name

Title

Date