



TUSD COST Follow-up Form

Date: _____

Name of Referrer: _____

From: COST COORDINATOR

Re: COST Referral

On (date), (Name of Student) was referred for COST.

This student was brought up at our last COST meeting. The outcome of the COST meeting was the following:

- Referred to CMC Referred to CAP-C Connected w/outside resources Schedule SST
- Other: _____

At this time I am:

- Requesting an update on the student's progress
- Dismissing the student from Counseling Sessions
- Requesting the student sign in to see counselor in counseling office (if necessary)
- Other: _____

COST Coordinator Comments:

PLEASE CONTACT THE COST COORDINATOR IF PROBLEMS RECUR, BECOME MORE SEVERE, OR IF THERE IS A SIGNIFICANT CHANGE IN THE STUDENT'S ATTENDANCE, BEHAVIOR OR ACHIEVEMENT. THANK YOU FOR YOUR SUPPORT