

TUSD COST Referral Form

Date: Referred by:	PLEASE COMPLETE AS
Student's Name:	MANY DETAILS AS
Grade: ID: DOB:	POSSIBLE AND RETURN TO THE COST COORDINATOR AT YOUR SITE
REASON FOR REFERRAL: **Reminder: Students with chronic attendance, concerns will be targeted for counseling interventions on a regular basis the use this referral for students experiencing sudden or concerning changes if family crisis.	hrough data-driven methods. Please in the above, personal problems, or
☐ Change in Attendance ☐ Change in Behavior ☐ (Change in Social Skills
☐ Change in Work Habits ☐ Personal/Famil	y Concerns
How long have you had this concern? \Box Today \Box A few days \Box	One Week $\;\;\square\;$ Two Weeks or More
,	
Please rate the severity of this referral. On a scale of 1-10, please circle how ser	rious (immediate) this problem is:
	rious (immediate) this problem is: 9 10 <u>Very</u> Serious
1 2 3 4 5 6 7 8	9 10
1 2 3 4 5 6 7 8 Less Serious Moderately Serious Steps taken to address concerns (teachers/staff only):	9 10
1 2 3 4 5 6 7 8 Less Serious Moderately Serious Steps taken to address concerns (teachers/staff only):	9 10 <u>Very</u> Serious
1 2 3 4 5 6 7 8 Less Serious Moderately Serious Steps taken to address concerns (teachers/staff only): What interventions are in place?	9 10 <u>Very</u> Serious side Counseling SST
1 2 3 4 5 6 7 8 Less Serious Moderately Serious Steps taken to address concerns (teachers/staff only): What interventions are in place? Parent Conference Outs	9 10 <u>Very</u> Serious side Counseling SST
1 2 3 4 5 6 7 8 Less Serious Moderately Serious Steps taken to address concerns (teachers/staff only): What interventions are in place? Parent Conference Outs Discipline Referral Behavior Contract Other Has this issue been discussed with the students' parent/guardian? New York Parent/guardian?	9 10 <u>Very</u> Serious side Counseling SST
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