



# COORDINATION OF SERVICE TEAM (COST)

REFERRAL

Student Name:

Grade

Student ID Number

Date: Click or tap to enter a date.

Referring Staff:

## REASON FOR REFERRAL

Classroom Behavior

Peer Conflict

Abuse

Academic Concerns

Family Concern

Trauma

Attendance

Anxiety

Depression

Suicidal Ideation

Gender Issues

Withdrawn

Other: Does not participate in class

## HOW WERE YOU ALERTED TO THE ISSUE?

Student

From a peer of the student

Personal Observation

If someone other than the student alerted you, is the student aware of the issue yet?

(i.e. death in family, diagnosis of terminal illness of family member, etc. **Ensure we are not the ones revealing the issue to the student**)

Yes  No  Unknown

## PLEASE GIVE DETAILED INFORMATION FOR THE REFERRAL. ARE THERE ANY OTHER DETAILS THAT NEED TO BE KNOWN?

## DO YOU THINK STUDENT WOULD BENEFIT FROM ONE OF THESE SERVICES?

VALLEY COMMUNITY COUNSELORS (VCC)  IMPROVE YOUR TODAY (IYT)  5 PEAKS WELLNESS

JOURNEY MENTORING  SUICIDE PREVENTION COUNSELING  TRANSITION OF ADULT/YOUTH (TAY)