



# ASCEND

Coordination of Services Team (COST) Referral

STUDENT INFORMATION			
Student Name: Student C		Age: 7	Date of Birth: 5-16-08
Classroom Teacher: Snyder	Referred By: Ms. Snyder	Priority Rating (1 = low, 3 = highest): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Special Ed. IEP?: If yes, please see Case Manager with these concerns. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Parent/Guardian: Uncle Manny		Phone # [OR OTHER CONTACT INFORMATION]:	
E.L.L.?: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO HOME LANGUAGE?: Spanish		Referral Date: 10-30-15	OFFICE USE: C.O.S. Team Meeting Date:

HOME/LIFE INFORMATION
<p><i>List any relevant information/history:</i> [i.e. – siblings, custodial parent, other adult(s) living in the home]</p> <p>Student has older sister in 3<sup>rd</sup> grade. Student’s mother passed away in Spring of 2015. Uncle has guardianship. Uncle has low vision and struggles to care for children. Biological dad would like custody of children but is currently not legally connected to kids and is undocumented.</p> <p><i>Who did you speak with at home to gather this information?</i></p> <p><i>Who at home was notified of this COST referral?</i></p>

STRENGTHS
Kind, responsible, works well in groups, (shy)

CURRENT INTERVENTIONS & SERVICES		
School Based		Community Based
<input type="checkbox"/> SMALL GROUP INSTRUCTION <input checked="" type="checkbox"/> READING INTERVENTION <input type="checkbox"/> MODIFIED ASSIGNMENTS <input type="checkbox"/> BEHAVIOR CONTRACT/PLAN <input type="checkbox"/> COUNSELING <input type="checkbox"/> MENTORING	<input checked="" type="checkbox"/> AFTER SCHOOL PROGRAM <input type="checkbox"/> INDIVIDUAL TUTORING/1:1 INSTRUCTION <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> COUNSELING SERVICES ___ SCHOOL/INDIVIDUAL ___ SCHOOL/GROUP ___ OUTSIDE AGENCY _____ <input type="checkbox"/> FOSTER CARE <input checked="" type="checkbox"/> CHILD PROTECTIVE SERVICES (neglect) <input type="checkbox"/> OTHER: _____

## ACADEMIC CONCERNS

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> READING DECODING/FLUENCY | <input type="checkbox"/> ATTENDANCE/TRUANCY         | <input type="checkbox"/> TIME MANAGEMENT                          |
| <input type="checkbox"/> READING COMPREHENSION    | <input type="checkbox"/> POOR ORGANIZATIONAL SKILLS | <input checked="" type="checkbox"/> DOES NOT COMPLETE ASSIGNMENTS |
| <input type="checkbox"/> MATH COMPUTATION         | <input checked="" type="checkbox"/> ATTENTION       | <input type="checkbox"/> POOR HANDWRITING                         |
| <input type="checkbox"/> MATH REASONING           | <input type="checkbox"/> FINE MOTOR DIFFICULTIES    | <input type="checkbox"/> CARELESS WITH WORK                       |
| <input checked="" type="checkbox"/> WRITING       | <input type="checkbox"/> GROSS MOTOR DIFFICULTIES   | <input type="checkbox"/> MEMORY DIFFICULTIES                      |

OTHER/COMMENTS: Student is behind in reading. He struggles to complete homework. Highly unorganized. Waits extended period of time before asking for help.

## SOCIAL • EMOTIONAL • BEHAVIORAL CONCERNS

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> INATTENTION                                  | <input type="checkbox"/> NON-COMPLIANT                 | <input type="checkbox"/> STEALING                          |
| <input checked="" type="checkbox"/> DISTRACTIBILITY                              | <input type="checkbox"/> AGGRESSION/FIGHTING           | <input type="checkbox"/> ANXIETY                           |
| <input type="checkbox"/> UNMOTIVATED   | <input type="checkbox"/> BULLYING/TEASING/THREATENING  | <input checked="" type="checkbox"/> GRIEF                  |
| <input checked="" type="checkbox"/> DIFFICULTY W/ PEER INTERACTIONS              | <input type="checkbox"/> CHRONICALLY DISRUPTIVE        | <input type="checkbox"/> SELF ESTEEM/ SELF WORTH           |
| <input type="checkbox"/> ANGER MANAGEMENT (IRRITABLE, LOW FRUSTRATION TOLERANCE) | <input type="checkbox"/> SEXUALIZED BEHAVIOR           | <input type="checkbox"/> APPEARS DEPRESSED, SAD, WITHDRAWN |
| <input type="checkbox"/> DOES NOT/ CANNOT FOLLOW DIRECTIONS                      | <input type="checkbox"/> SEXUAL HARASSMENT             | <input type="checkbox"/> GANG INVOLVEMENT                  |
|  | <input type="checkbox"/> ENGAGES IN DANGEROUS BEHAVIOR | <input type="checkbox"/> GENDER IDENTITY                   |

INSURANCE INFORMATION: \_\_\_\_\_

OTHER/COMMENTS: Looks like he is sad in some social settings. Is not very assertive.

## SPEECH & LANGUAGE CONCERNS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> RECEPTIVE LANGUAGE  | <input type="checkbox"/> STUTTERING          | <input type="checkbox"/> VOICE                                   |
| <input type="checkbox"/> EXPRESSIVE LANGUAGE | <input type="checkbox"/> AUDITORY PROCESSING | <input type="checkbox"/> PRAGMATICS (SOCIAL CONVERSATION SKILLS) |
| <input type="checkbox"/> LISP                | <input type="checkbox"/> ARTICULATION        | <input type="checkbox"/> HEARING                                 |

OTHER/COMMENTS: Is seen for speech therapy intervention.

## HEALTH CONCERNS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HEADACHES                     | <input type="checkbox"/> GLASSES ___ NEEDS ___ HAS ___ WEARS | <input type="checkbox"/> MEDICATIONS                                    |
| <input type="checkbox"/> EARACHES                      | <input type="checkbox"/> ASTHMA                              | <input checked="" type="checkbox"/> HYGIENE                             |
| <input checked="" type="checkbox"/> STOMACH COMPLAINTS | <input type="checkbox"/> FATIGUE                             | <input checked="" type="checkbox"/> PHYSICAL DISABILITY/ONGOING ILLNESS |

OTHER/COMMENTS: Mom struggled with long-term illness. Before she passed she wanted student to complete testing (genetic) to rule out illness.