SCUSD - COST/RIS Referral Form

(Coordination of Services Team: For students needing support after Tier 1 efforts have been exhausted.)

NOTE: If you suspect Child Abuse or Neglect **YOU MUST** notify CPS at 916-875-5437. For Safety Concerns, contact Police at 916-808-5471

STUDENT INFORMATION:			
Student Name:	Date of Birth:	Sex:	Student Start Date:
Teacher Name:	School/Class:		Referred By:

PARENT/GUARDIAN INFORMATION:			
Parent/Guardian Name:	Relationship	Street Address	Zip Code
Phone #1	Phone #2	Is an SST meeting needed? Yes No	Child has an IEP Yes No
Primary language spoken at home? English Other:		Is the student EL? Yes No	

Services Offered/Already in Place	Community Services
RIS Yes No Unsure SST Yes No Unsure Active IEP/Special Education Yes No Unsure 504 Plan Yes No Unsure Other (Explain) Yes No Unsure	To the best of your knowledge, is the student and/or the family receiving services from any community service providers? Yes No Unsure If so, who?

REASONS FOR REFERRAL: MARK ALL THAT APPLY			
Communication Concern	Social-Emotional/Behavioral Concern	Health/Medical/Basic Needs	Attendance Concern
Cognitive Skills	Parent Request	Other (explain):	

Please provide a detailed description of the observed behaviors / reason for referral:

Please list the interventions already attempted with the outcome in detail below (such as Teaching Pyramid interventions, STAR, child choice, strategies from your toolbox, calming station, deep breathing, sensory tools):

REFERRED BY: Please share the completed form to your coordinator. Thank you!		
Name	Title	Date Submitted

Parent/Guardian Consent (*Child Observation requires parent/guardian consent below)*	
I consent to have my child observed and/or screened by any of the following SCUSD professional support staff: *SCUSD Early Learning & Care support staff, nurse, coordinator, special education staff.* I do NOT consent to my child being observed and/or screened.	
Parent/Guardian Signature	Date Submitted

Action items (suggested interventions, next steps, reasoning):	Person(s) responsible: