


Coordination of Services Team (COST)



COST Forms

Community·Functioning·Evaluation 

School-Aged Youth Version

Date Form Completed: Client Name: Gender:

Assessment Type: Date of Birth: Ethnicity:

☐ Initial ☐ End of School Year or 6 mos. review ☐ Discharge

Source of Information (check all that apply): ☐ Parent/caregiver ☐ Client ☐ School staff ☐ Other ☐

Client ID #:

OBSERVED STRENGTHS Rating Scale: 0=Not True; 1=A little True; 2=True; 3=Very True

| | 0 | 1 | 2 | 3 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Has positive relationships with adults | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shows empathy, sensitivity and friendship skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interacts positively with peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resists negative peer pressure and dangerous situations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Thinks about decisions; can plan ahead and make choices | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is hopeful and optimistic about his/her future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Expresses emotions (joy, anger, sadness, etc.) in healthy ways | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Accepts and takes responsibility for actions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Welcomes opportunities to participate in structured activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motivated to do well in school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seeks help from adults and/or peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PRESENTING CONCERNS Rating Scale: 0=No problem; 1=Mild; 2=Moderate; 3=Severe Problem

| | 0 | 1 | 2 | 3 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| ACADEMIC FUNCTIONING | | | | |
| Attendance (truancy/tardy) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Classroom behavior-acting out/defiant (externalized) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Classroom behavior-withdrawn (internalized) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disciplinary referrals (i.e. office referrals, suspensions) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Academic skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Homework/academic motivation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SOCIAL RELATIONSHIPS | | | | |
| Gang affiliation/involvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Peer conflicts/difficulties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social skills/communication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Violates boundaries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Experiencing challenges with sexual health, sexuality and/or gender | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| EXPOSURE | | | | |
| Grief/loss/separation/bereavement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immigration/legal status | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child abuse or neglect (victim) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community or domestic violence (witness/victim/perpetrator) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unsafe neighborhood and/or school environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other traumatizing experience or event | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have original symptoms decreased since intake? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Yes <input type="radio"/> No | | | | |
| EMOTIONAL & BEHAVIORAL FUNCTIONING | | | | |
| Anxiety/nervousness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concentration/attention span/focus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Delusions/hallucinations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression/sadness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hyperactivity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impulsivity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Obsessions/compulsions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oppositionality/defiance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Self-esteem/self-worth/self-image | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Self-injury/mutilation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance use/abuse (student) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Suicidal ideation/attempt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Verbal abuse/aggression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Violent/harassment behaviors/assaultive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HEALTH/BASIC NEEDS | | | | |
| Adequate sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Basic needs (food/housing/transportation) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health issues (stomach/headaches/other) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nutrition/eating habits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LIVING ARRANGEMENTS & FAMILY FUNCTIONING | | | | |
| Family economic situation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parent/caregiver-child relationship | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parent/caregiver mental health/subst. abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parent/caregiver physical health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stable home environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Provider Name: Staff Number:

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