

Coordination of Services Team (COST)



COST Forms

Community Functioning Evaluation 

School-Aged Youth Version

Date Form Completed: <input type="text"/>	Client Name: <input type="text"/>	Gender: <input type="text"/>
Assessment Type: <input type="text"/> <input type="radio"/> Initial <input type="radio"/> End of School Year or 6 mos. review <input type="radio"/> Discharge	Date of Birth: <input type="text"/> MM/DD/YY	Ethnicity: <input type="text"/>
Source of Information (check all that apply): <input type="text"/> <input type="radio"/> Parent/caregiver <input type="radio"/> Client <input type="radio"/> School staff <input type="radio"/> Other	Client ID #: <input type="text"/>	

OBSERVED STRENGTHS				Rating Scale: 0=Not True; 1=A little True; 2=True; 3=Very True					
	0	1	2	3		0	1	2	3
Has positive relationships with adults	<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"/>
Shows empathy, sensitivity and friendship skills	<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"/>
Interacts positively with peers	<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"/>
Resists negative peer pressure and dangerous situations	<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"/>
Thinks about decisions; can plan ahead and make choices	<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"/>
	<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		0	1	2	3
ACADEMIC FUNCTIONING					EMOTIONAL & BEHAVIORAL FUNCTIONING				
Attendance (truancy/tardy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anxiety/nervousness	<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"/>	Concentration/attention span/focus	<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"/>	Delusions/hallucinations	<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"/>	Depression/sadness	<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"/>	Hyperactivity	<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"/>	Impulsivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOCIAL RELATIONSHIPS					HEALTH/BASIC NEEDS				
Gang affiliation/involvement	<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"/>
Peer conflicts/difficulties	<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"/>
Social skills/communication	<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"/>
Violates boundaries	<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"/>
Experiencing challenges with sexual health, sexuality and/or gender	<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"/>
EXPOSURE					LIVING ARRANGEMENTS & FAMILY FUNCTIONING				
Grief/loss/separation/bereavement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family economic situation	<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"/>	Parent/caregiver-child relationship	<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"/>	Parent/caregiver mental health/subst. abuse	<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"/>	Parent/caregiver physical health	<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"/>	Stable home 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"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have original symptoms decreased since intake? <input type="text"/>									
<input type="radio"/> Yes <input type="radio"/> No									

Provider Name: Staff Number:

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