

COSF Management Form

Student name: _____

Date of Birth: _____

Student ID number _____

Date of entry into preschool program – (IEP initiation date): _____

Date of initial COSF completed: (IEP initial meeting date) _____

Name of case manager who completed initial COSF: _____

Date of exit for preschool services: _____

Date of exit COSF completed: _____

Name of case manager who completed exit COSF: _____

Initial case managers are to complete this form and turn it in with the initial IEP and the Initial COSF form. Please turn them in to the department of special programs audit secretary. If Exit COSF, please attach copy of Exit COSF with this form.