

Case Manager Checklist

Date Initiated: _____
 Student Name: _____
 Parent Name: _____
 Address: _____
 School: _____

Grade: _____
 DOB: _____
 Parents' Home Phone: _____
 Parents' Work Phone: _____
 Case Manager: _____

DATE SENT

DATE RECEIVED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DOCUMENT

Initial Request for Assistance, and
 Data Collection
 School Counselor/Social Worker Form
 School Nurse/Health Form
 Parent Questionnaire
 Student Self-Assessment Sheet
 Release of Information Form

SUPPORTING DOCUMENTATION

Date Received

Document

Current Report Card / Progress Report
 2 Years Prior Report Cards
 Standardized Test Data
 Summary of Attendance
 Summary of Disciplinary Infractions
 Other _____

I&RS PROCESS

Date

Action Taken

Followed-up with staff making the request
 (e.g., interview, observation)
 Reviewed referral with I&RS Team
 Contacted/met with student
 Contacted/met with parent
 I&RS Initial Meeting
 Completed I&RS Action Plan Form
 Completed referrals when appropriate:

 I&RS Follow-up Meeting
 End of Year I&RS Progress Review
 Other: _____