

FOLLOW-UP MEETING

Student's Name: _____ DOB: _____ Grade: _____

Case Manager: _____ Meeting Date: _____

1) Outcome of I&RS Action Plan

Objectives	Achieved	Not Achieved

2) Recommended Action:

- No Further Action Required
 Continue Original I&RS Action Plan
 Modify Original I&RS Action Plan (if check complete the following information)

3) Objectives [short-term, achievable, measurable] (attach additional sheets if needed):

4) Implementation Steps for Case Manager (attach additional sheets if needed)

Specific Tasks	Resources Needed	Responsible Person	Target Date

Follow-up Meeting Date (if modification to plan is completed):