

Student Full Name:	DOB (MM/DD/YY):
School District:	Case Manager:

Goals and Objectives in IEP are Academic ONLY

**CM Service Codes**

- |  |   |
|--|---|
| A. Scheduling and attending Meetings                         | C. Communicating with student and/or family         |
| B. Maintaining contact with providers in and out of district | D. Monitor delivery/ progress/ adequacy of services |

**Action Codes (Codes Apply In or Out Of District)**

- |  |   |
|--|---|
| 1. Meeting/consultation with counselor         | 8. Meeting/consultation with Behavior specialist                |
| 2. Meeting/consultation with RN/LPN            | 9. Communicating with parent/guardian re: health related issues |
| 3. Meeting/consultation with PCA               | 10. Interaction with IEP student re: health related services    |
| 4. Meeting/consultation with PT                | 11. Preparing summary documentation of meeting/consultation     |
| 5. Meeting/consultation with OT                | 12. Other: <i>Please describe, Ex. Vision services</i>          |
| 6. Meeting/consultation with SLP / Audiologist |   |
| 7. Team Meeting Re: health related services    |   |

Date mm/dd/yy	Start Time	Total Time (in minutes)	Service Code/s	Action Code/s	Outcomes and Follow-up (include Progress if applicable)
9/16/2010	9:30am	90	A	7	Met with Sue (OT), Tracy (SW), John, and parents at the E-team meeting. After reviewing the assessment data we identified goals and objectives for the services page of the IEP. Also updated the CMP.
9/16/2010	3:30pm	25	D	5,6	Spoke with SLP and Ot to review progress and determined level of service is adequate.
9/20/2010	10:00am	15	B	2,3	Coordinated the health/medical needs of the student. RN updated the team of the student's health and necessary interventions.
9/22/2010	12:15pm	20	C	9	Discussed the student's anxiety and the need for a social worker to be involved. A meeting time will be set.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_