## **Case Management**

(Revised July 2025)

- Save as...
- Electronic naming Convention: CM SiteName DateOfCaseManagement
- Email completed form to: Family Services Manager, Family Support Specialist, Teacher, Teacher Assistant, Classroom Assistant, Disability and Mental Health Manager (DMHM), and Health Manager.

Site:	Date:
ATTENDEES:	

**OBJECTIVE**: Provide support to the family/child through a comprehensive approach by assessing the strengths & needs of the family/child.

<u>Chronic Absence Review</u> – Review ChildPlus ONLINE report 2305 (Monthly Attendance) to look for patterns of absences. Determine what follow-up is needed, including updates on existing Attendance Plans, attendance letter requests, or Health Manager follow-up requests.

## **Child/Family**

\*Identify Need(s) \*Strengths of Family/child \*Supports/Services already being utilized \*Using the strengths & interests of the child, is there adjustments that could be made in the classroom \*What is the Home Environment \*Home-Base Shared Family \*Actions Needed \*Persons Responsible \*Progress

<u>Request for Management Support</u> (Coaching, Participation in Case Management, Home Visit Assistance, Behavioral Specialist, Health Educator, Progress of Referrals, etc)
Medicals/Dentals & Referrals  *Review OFP's or children with restricted access (proper documentation in child's file)