

EHS Center Case Management

(February 2026)

- 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.

Transition Planning: Review timelines and discuss actions needed to ensure ongoing services.

Chronic Absence Review: Review (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: **Review OFP's or children with restricted access (proper documentation in child's file).
*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*

Medicals/Dentals & Referrals: Review and update medical and dental concerns, needs, or referrals (including 30 and 90 day requirements).

Request for Management Support: (Coaching, Participation in Case Management, Home Visit Assistance, Behavioral Specialist, Health Educator, Progress of Referrals, etc)