



# Education Case Management Checklist Template

## Student Information & Referral

Initial data collection and referral process.

### Student Full Name

Write something...

### Student ID Number

Enter a number...

### Date of Referral

Enter date...

### Referring Party

- ☐ Teacher
- ☐ Parent/Guardian
- ☐ School Counselor
- ☐ Outside Agency

### Reason for Referral (Brief Description)

Write something...

### Grade Level

- ☐ K
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

### Supporting Documents (Optional)

 Upload File

## Assessment & Planning

Comprehensive assessment of student needs and development of a personalized plan.

## Presenting Concerns & Referral Reason

Write something...

## Areas of Need (Select all that apply)

- ☐ Academic
- ☐ Behavioral/Emotional
- ☐ Social Skills
- ☐ Physical/Health
- ☐ Family/Home Environment

## Age

Enter a number...

## Date of Assessment

Enter date...

## Primary Diagnosis/Suspected Diagnosis (if applicable)

- ☐ N/A
- ☐ Learning Disability
- ☐ Emotional/Behavioral Disorder
- ☐ Autism Spectrum Disorder
- ☐ Other (Specify)

## Summary of Assessment Findings

Write something...

## Strength Identification

- ☐ Academic
- ☐ Behavioral
- ☐ Social
- ☐ Personal

# Intervention Implementation

Execution of planned interventions and supports.

## Intervention Start Date

Enter date...

## Intervention Methods Used

- ☐ Individual Counseling
- ☐ Group Therapy
- ☐ Behavioral Modification
- ☐ Academic Support
- ☐ Parent Training

## Details of Intervention Activities

Write something...

### Frequency of Interventions (e.g., sessions per week)

Enter a number...

### Next Intervention Date


Enter date...

### Intervention Delivery Method

☐ In-Person

☐ Virtual

### Supporting Documentation (e.g., therapy notes)

 Upload File

## Progress Monitoring & Evaluation

Regular tracking of student progress and evaluation of intervention effectiveness.

### Academic Performance Score (e.g., GPA, Standardized Test)

Enter a number...

### Behavioral Observations - Level of Concern

☐ Not Applicable

☐ Minimal

☐ Moderate

☐ Significant

### Summary of Progress Towards Goals

Write something...

### Date of Last Progress Monitoring Review

Enter date...

### Areas Where Progress is Below Expectations

- ☐ Academic Performance
- ☐ Behavioral Regulation
- ☐ Social Skills
- ☐ Emotional Regulation
- ☐ Attendance

### Attendance Rate (%)

Enter a number...

## Collaboration & Communication

Maintaining consistent communication and collaboration with relevant stakeholders.

### Communication Method

- ☐ Email
- ☐ Phone Call
- ☐ In-Person Meeting
- ☐ Video Conference

### Last Communication Date

Enter date...

### Summary of Communication

Write something...

### Communication Recipient Role

- ☐ Parent/Guardian
- ☐ Teacher
- ☐ School Psychologist
- ☐ Administrator
- ☐ External Agency

### Contact Person Name

Write something...

### Frequency of Communication (per week)

Enter a number...

## Documentation & Reporting

Accurate and thorough documentation of case activities and generation of required reports.

### Date of Documentation

Enter date...

### Summary of Case Activities

Write something...

### Hours of Service Provided

Enter a number...

### Supporting Documents (e.g., assessment reports)

 Upload File

### Report Type

- ☐ Initial Assessment
- ☐ Progress Report
- ☐ Closure Report

### Staff Signature

Write something...

## Case Closure & Transition

Formal closure of the case and planning for student transition to other supports.



### Case Closure Date

Enter date...

### Summary of Case Progress & Outcomes

Write something...

### Reason for Case Closure

- ☐ Student met goals
- ☐ Student no longer requires services
- ☐ Other (Specify)

### If 'Other' - Please specify reason for closure

Write something...

### Transition Plan Type

- ☐ Return to Regular Education
- ☐ Specialized Program
- ☐ Other

### Details of Transition Plan (e.g., specific supports, referrals)

Write something...

**Transition Documents (e.g., referral letters, IEP updates)**

 Upload File

## Legal and Compliance

Ensuring adherence to relevant legal requirements and school policies.

**FERPA Consent Form Received Date**

Enter date...

**504 Plan Compliance?**

☐ Yes

☐ No

☐ N/A

**IEP Compliance?**

☐ Yes

☐ No

☐ N/A

**Number of Documented IEP Meetings**

Enter a number...

**Summary of Legal Consultation (if applicable)**

Write something...

**Date of Last Legal Review**

Enter date...