

Case Managed Students
2001-2002 School Year

School: _____

Name of person completing form: _____

Student	HO #	Birth date	Date of first Referral
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

Over Please

Student	HO #	Birth date	Date of first Referral
14.			
15.			
16.			
17.			
18.			
19.			
20.			

*Indicate students who are involved in the Transitions Program

Criteria for Selection

Select 20 students (male and female) who are most in need of intensive follow-through or case management at your site during the 2001-2002 school year. These students can be referred by the counselors, dean's office, school nurse, or SAP Team for the following reasons:

- Low academic achievement
- Chronic behavioral incidents leading to suspension
- Chronic absences

**Please return completed forms through School District mail to:
Meyal Ruwin
School Health Programs Department
1515 Quintara
SF CA 94116**

Over Please