

## Elementary School Case Management Summary

School: \_\_\_\_\_  
 Student's Initials: \_\_\_\_\_ HO#: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Primary Case Manager (PCM): \_\_\_\_\_ Date: \_\_\_\_\_

Others involved in case managing this student:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Administrator  | <input type="checkbox"/> Afterschool Coordinator       | <input type="checkbox"/> Counselors        | <input type="checkbox"/> SST Coordinator |
| <input type="checkbox"/> Healthy Start  | <input type="checkbox"/> Elementary Advisor            | <input type="checkbox"/> Special Education | <input type="checkbox"/> Social Worker   |
| <input type="checkbox"/> Parent Liaison | <input type="checkbox"/> School Resource officer (SRO) | <input type="checkbox"/> Teacher(s)        | <input type="checkbox"/> Beacon Liaison  |
| <input type="checkbox"/> Psychologist   | <input type="checkbox"/> CBO                           | <input type="checkbox"/> Other _____       |  |

### SUMMARY

Date first seen by PCM	
Total number of times seen by PCM	
Total number of hours PCM spent	
Total number of SSTs held	
Dominant Issues	
Desired Outcome	
Outcome achieved?	
Barriers	

### DETAILS

Activity/intervention	Referral on site	Referral off site	Attended	Comments
Health Services (general)				
Vision screening				
Hearing screening				
Dental screening				
Mentoring				
Student support group				
Conflict Managers				
Tutoring				
Afterschool program				
Counseling				

### Additional Resources Engaged

Resource	Requested	Completed	Comments
Family Conference			
Psych Evaluation			
Speech/language evaluation			
Special Education (IEP)			
CBO			
CPS			
PHN			