

## High School Case Management Summary

School: \_\_\_\_\_ Transitions Program Student?    Y    N  
 Student's Initials: \_\_\_\_\_ HO#: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Primary Case Manager (PCM): \_\_\_\_\_ Date: \_\_\_\_\_

Others involved in case managing this student:

- Administrator       Afterschool Coordinator       Grade Counselors       Dean
- Healthy Start       Peer Resource Coordinator       Special Education       Social Worker
- Parent Liaison       SRO       Teacher(s)       Beacon Liaison
- Psychologist       CHOW       CBO       RAMS/ARS       Wellness Coordinator

### SUMMARY

Date first seen by PCM	
Total number of times seen by PCM	
Total number of hours PCM spent	
Total number of times discussed in SAP	
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				
Mental health treatment				
Substance Use treatment				
Mentoring				
Student support group				
Positive alternatives				
Peer resources				
Tutoring				
Afterschool program				
Counseling				

### Additional Resources Engaged

Resource	Requested	Completed	Comments
Wellness Center			
SST			
Family Conference			
Psych Evaluation			
Speech/language eval			

Special Education (IEP)			
CBO			
CPS			
PHN			