

## Middle 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:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Administrator  | <input type="checkbox"/> Afterschool Coordinator   | <input type="checkbox"/> Grade Counselors  | <input type="checkbox"/> Dean           |
| <input type="checkbox"/> Healthy Start  | <input type="checkbox"/> Peer Resource Coordinator | <input type="checkbox"/> Special Education | <input type="checkbox"/> Social Worker  |
| <input type="checkbox"/> Parent Liaison | <input type="checkbox"/> 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 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
SST			
Family Conference			
Psych Evaluation			
Speech/language eval			
Special Education (IEP)			
CBO			
CPS			
PHN			