

Student Full Name:	DOB (MM/DD/YY):
School District: North Providence	Case Manager:

Goals and Objectives in IEP are Academic ONLY

CM Service Codes

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|--|---|
| A. Scheduling and attending Meetings | C. Communicating with student and/or family |
| B. Maintaining contact with providers in and out of district | D. Monitor delivery/ progress/ adequacy of services |

Action Codes (Codes Apply In or Out Of District)

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|--|---|
| 1. Meeting/consultation with counselor | 8. Meeting/consultation with Behavior specialist |
| 2. Meeting/consultation with RN/LPN | 9. Communicating with parent/guardian re: health related issues |
| 3. Meeting/consultation with PCA | |
| 4. Meeting/consultation with PT | 10. Interaction with IEP student re: health related services |
| 5. Meeting/consultation with OT | |
| 6. Meeting/consultation with SLP / Audiologist | 11. Preparing summary documentation of meeting/ consultation |
| 7. Team Meeting Re: health related services | 12. Other: <i>Please describe, Ex. Vision services</i> |

Date mm/dd/yy	Start Time	Total Time (in minutes)	Service Code/s	Action Code/s	Outcomes and Follow-up (include Progress if applicable)

Signature: _____

Date: _____