INTERVENTION AND REFERRAL SERVICES

SAMPLE CASE COORDINATOR CHECKLIST

Confidential

Date: _____ Grade/Team/Section: _____
Student Name:_____ Date of Birth: _____
Parent Name: _____ Parents' Home Phone:_____
Address: _____ Parents' Work Phone: _____
City/State/Zip:_____ Case Coordinator: _____

DATE SENT	**DATE RECEIVED**	**DOCUMENT**
_____	_____	Initial Request for Assistance, and
_____	_____	Prior Interventions Checklist
_____	_____	Request for Assistance Feedback
_____	_____	Staff Information Collection
		(list subject areas)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	Information Summary Form
_____	_____	Information Collection Reminder
		(to whom)
_____	_____	Staff Thank You Memo
_____	_____	Guidance Counselor Form
_____	_____	Discipline Form
_____	_____	Student Advisor Form
_____	_____	School Nurse/Health Form
_____	_____	Parent Letter
_____	_____	Parent Questionnaire
_____	_____	Parent Interview Form
_____	_____	Student Self-Assessment Sheet
_____	_____	Release of Information Form
_____	_____	Cumulative Folder Information:
_____	_____	Current Report Card
_____	_____	2 Years Prior Report Cards
_____	_____	Standardized Test Data
_____	_____	Attendance Information
_____	_____	Aftercare Parent Letter
_____	_____	Treatment Facility Letter
_____	_____	Other _____

DATE	**ACTION TAKEN**
_____	Followed-up with staff making the request (e.g., interview, observation)
_____	Summarized and quantified teacher information responses
_____	Reviewed referral with counselor
_____	Reviewed referral with substance awareness coordinator
_____	Reviewed referral with I&RS Team
_____	Reviewed alternatives and options
_____	Contacted/met with student
_____	Contacted/met with parent
_____	Obtained consent to release information
_____	I&RS Action Plan Initial Meeting
_____	I&RS Action Plan Follow-up Meeting
_____	Completed I&RS Action Plan Form
_____	Filed I&RS Action Plan Form
_____	Contacted/met with community agency/resource _____ _____
_____	Other _____

Summary of Action (Use the reverse side of the form, as necessary.):

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