Case Management Student Record

## for School-based Mental Health Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Name |  |  | Date of Birth |  |
| School |  |  | Grade |  |
| Staff Assigned |  |  | Student I.D.# |  |

Meeting Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Meeting Date |  |  | Location |  |
| Purpose of Meeting |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Role |  | Signature |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |

Attendance

Minutes

|  |  |
| --- | --- |
| First Presenting Concern |  |
|  |
|  |  |
| Activity/Strategy |  |
|  |  |
| Responsible Party |  |  |
|  |

|  |  |
| --- | --- |
| Second Presenting Concern |  |
|  |
|  |  |
| Activity/Strategy |  |
|  |  |
| Responsible Party |  |  |
|  |

|  |  |
| --- | --- |
| Third Presenting Concern |  |
|  |
|  |  |
| Activity/Strategy |  |
|  |  |
| Responsible Party |  |  |
|  |

Meeting Outcome

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| --- |
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