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| **CASE MANAGEMENT NOTE**  Date: \_\_\_\_\_\_\_\_\_  *Place student identification*  *label here*  Review type: New Continuing Periodic Update  Areas of concern: MH TEAP Medical/meds Other  **Current Functioning**:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Education | Better | Same | Worse | N/A | | Trade | Better | Same | Worse | N/A | | Residential | Better | Same | Worse | N/A | | Social/peers | Better | Same | Worse | N/A | | Social/staff | Better | Same | Worse | N/A | | Other: | Better | Same | Worse | N/A |   Change since last review Better Same Worse N/A  **Next Steps**:  CMHC will  Schedule intake  Continue  Terminate  Counselor will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None  Schedule appointment with (*if applicable*):  Nursing  Medical  TEAP Spec  Off-Center Provider  Disability Coordinator  Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and title: |  | **CASE MANAGEMENT NOTE**  Date: \_\_\_\_\_\_\_\_\_  *Place student identification*  *label here*  Review type: New Continuing Periodic Update  Areas of concern: MH TEAP Medical/meds Other  **Current Functioning**:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Education | Better | Same | Worse | N/A | | Trade | Better | Same | Worse | N/A | | Residential | Better | Same | Worse | N/A | | Social/peers | Better | Same | Worse | N/A | | Social/staff | Better | Same | Worse | N/A | | Other: | Better | Same | Worse | N/A |   Change since last review Better Same Worse N/A  **Next Steps**:  CMHC will  Schedule intake  Continue  Terminate  Counselor will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None  Schedule appointment with (*if applicable*):  Nursing  Medical  TEAP Spec  Off-Center Provider  Disability Coordinator  Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and title: |
|  |  |  |
| **CASE MANAGEMENT NOTE**  Date: \_\_\_\_\_\_\_\_\_  *Place student identification*  *label here*  Review type: New Continuing Periodic Update  Areas of concern: MH TEAP Medical/meds Other  **Current Functioning**:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Education | Better | Same | Worse | N/A | | Trade | Better | Same | Worse | N/A | | Residential | Better | Same | Worse | N/A | | Social/peers | Better | Same | Worse | N/A | | Social/staff | Better | Same | Worse | N/A | | Other: | Better | Same | Worse | N/A |   Change since last review Better Same Worse N/A  **Next Steps**:  CMHC will  Schedule intake  Continue  Terminate  Counselor will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None  Schedule appointment with (*if applicable*):  Nursing  Medical  TEAP Spec  Off-Center Provider  Disability Coordinator  Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and title: |  | **CASE MANAGEMENT NOTE**  Date: \_\_\_\_\_\_\_\_\_  *Place student identification*  *label here*  Review type: New Continuing Periodic Update  Areas of concern: MH TEAP Medical/meds Other  **Current Functioning**:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Education | Better | Same | Worse | N/A | | Trade | Better | Same | Worse | N/A | | Residential | Better | Same | Worse | N/A | | Social/peers | Better | Same | Worse | N/A | | Social/staff | Better | Same | Worse | N/A | | Other: | Better | Same | Worse | N/A |   Change since last review Better Same Worse N/A  **Next Steps**:  CMHC will  Schedule intake  Continue  Terminate  Counselor will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None  Schedule appointment with (*if applicable*):  Nursing  Medical  TEAP Spec  Off-Center Provider  Disability Coordinator  Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and title: |

Note template fits Avery shipping label 6878 (print-to-the-edge label size 4.75” x 3.75’)

Student identification fits Avery address label 5160 (1” x 2.63”)