

EVIDENCE OF ONGOING INTEGRATED CASE MANAGEMENT OR WRAP-AROUND PLANNING

Date: _____

STUDENT: _____

GR: _____ **DOB:** _____

PARENT(S)/GUARDIAN(S): _____

PROGRAM MANAGER: _____

| INTEGRATED CASE MANAGEMENT TEAM MEMBERS: | | | |
|--|-----------------|---------------|-----------|
| NAME | MINISTRY/AGENCY | POSITION/ROLE | CONTACT # |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CURRENT GOALS:

- _____
- _____
- _____

ARE THE GOALS BEING MET? Yes No (If no, give reasons why, and follow up strategies)

FUTURE GOALS:

- _____
- _____
- _____

PLAN: (Who will be responsible for each part of the plan)

RECOMMENDATIONS, OPTIONS and/or REFERRALS: (Who will be responsible for these actions)

COMMUNICATION LOG:

| DATE | CONTACT WITH WHOM | PURPOSE/METHOD |
|------|-------------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

ADDITIONAL MEETING NOTES: