

**Service Log - Case Management
Annual IEP T1024 TM
-Blue paper form-**

Student: _____ **Diagnosis:** _____

Last Name

First Name

SS# _____

School District: _____

Date of Birth: _____
mm/dd/yyyy

Supervisory Union: _____

Check appropriate box to indicate type of IEP:

<input type="checkbox"/>	Initial IEP (cannot be reimbursed)
<input type="checkbox"/>	Student's first IEP but was on IFSP
<input type="checkbox"/>	Annual IEP
<input type="checkbox"/>	IEP Revision (cannot be reimbursed)

Beginning Date of IEP Process: _____
mm/dd/yyyy

IEP Process Completed: _____
mm/dd/yyyy

IEP meeting: _____
mm/dd/yyyy

Please check all activities completed during the IEP process (at least 6 activities must be performed in order for the claim to be billable to Medicaid)

Check	Activity
<input type="checkbox"/>	1. Reviewed most recent eligibility determination
<input type="checkbox"/>	2. Reviewed testing/evaluation results
<input type="checkbox"/>	3. Reviewed process reports
<input type="checkbox"/>	4. Reviewed student's existing IEP goals
<input type="checkbox"/>	5. Gathered information from other providers/parent (including SLP, OT, PT, classroom teacher, mental health counselor, principal, nurse, guidance counselor etc...) regarding student and student's performance
<input type="checkbox"/>	6. Compiled and interpreted information regarding present levels of performance
<input type="checkbox"/>	7. IEP pre-meeting to discuss issues with other providers
<input type="checkbox"/>	8. Visit to home, childcare, etc. to collect additional student information
<input type="checkbox"/>	9. Classroom observation
<input type="checkbox"/>	10. Interpretation and compilation of information to develop the IEP
<input type="checkbox"/>	11. IEP Meeting to develop goals and plan of services
<input type="checkbox"/>	12. Initial coordination of services

Case Manager's Signature _____

Date: _____

Case Manager's Printed Name: _____

Payment Information	Submit Date: _____	RA Date: _____
---------------------	--------------------	----------------