## Service Log - Case Management Annual IEP T1024 TM

-Blue paper form-

Student:		Diagnosis:
Last Nar	ne First Name	
UID	School District:	
Date of Birth:	mm/dd/yyyy	
Check appropria	te box to indicate type of IEP:	
	Initial IEP (cannot be reimbursed)	
	Student's first IEP but was on One Plan	
	Annual IEP	
	IEP Revision (cannot be reimbursed)	
Beginning Date of	mm/dd/yyyy	
IEP Process Con	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	
	1. Reviewed most recent eligibility determination	
	2. Reviewed testing/evaluation results	
	3. Reviewed process reports	
	4. Reviewed student's existing IEP goals	
	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	
	6. Compiled and interpreted information regarding present levels of performance	
	7. IEP pre-meeting to discuss issues with other providers	
	8. Visit to home, childcare, etc. to collect additional student information	
	9. Classroom observation	
	10. Interpretation and compilation of information to develop the IEP	
	11. IEP Meeting to develop goals and plan of services	
	12. Initial coordination of services	

## **Case Manager's Signature**

Case Manager's Printed Name:

Payment Information

Submit Date:

RA Date:

Date: