

## IEP/IFSP Case Manager Check List

IEP/IFSP Meeting Date: \_\_\_\_\_ Special Education Category: \_\_\_\_\_

District # \_\_\_\_\_ School Name \_\_\_\_\_

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_

Check all prescribed services for this student's IEP or IFSP (direct services only):

\_\_\_\_ PT - Physical Therapy

\_\_\_\_ OT - Occupational Therapy

\_\_\_\_ SP - Speech Therapy / Audiologist

\_\_\_\_ Nursing - RN, PHN, LSN, OR LPN

\_\_\_\_ MH - Mental Health (IEP assessment done by School Psychologist)

\_\_\_\_ PCA - Personal Care Assistant/Paraprofessional (must complete lines below)

The para(s) will be assisting the student with: **ADLs** or **Level 1 Behaviors**  
(circle at least one to qualify)

1. Name of primary para(s) working with this student:

\_\_\_\_\_  
\_\_\_\_\_

2. Total minutes allowed for PCA on IEP: \_\_\_\_\_

\_\_\_\_ Special Transportation (please read rules below to qualify student)

Transportation Rules for billing MA:

1. Student has a physical or mental impairment that keeps the student from safely accessing and using common carrier transportation, **and** requires a special adaptation to the bus such as a wheelchair lift, special harness, safety vest, or specially designed car seat or a para or nurse.
2. Must have written in IEP medical reason why student is riding bus.

\_\_\_\_ Assistive Technology, list device(s): \_\_\_\_\_ (must be specific in the IEP)  
**You must notify your business office of all special purchases.**

\_\_\_\_ Assessment only (IEP written but student receives no MA billable services)

\_\_\_\_ No IEP written - student dropped from Special Education - discontinue MA billing

\_\_\_\_ The Parent's Rights and Procedural Safeguards was offered and explained to parents.

\_\_\_\_ **Consent to share data form** is signed, dated, and faxed or emailed to River Bend.

\_\_\_\_ When you have completed the service page and before sending to parents, fax or email to:

River Bend Education District  
Attn: MA Billing Specialist  
Fax: 507-359-1380  
Email: madema@riverbend.k12.mn.us