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

The para(s) will be assisting the student with: (**check at least one to qualify)**

- ☐ Assistance to accomplish one or more of the activities of daily living
- ☐ Health-related procedures and tasks
- ☐ Observation and redirection for behavior or symptoms where there is a need for assistance (at least four times per week)

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

Total minutes allowed for PCA on IEP: _____

____Adaptive Transportation Services (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. The vehicle used must have adaptations that are specific to the needs of the child (special harness, wheelchair lift, ramp, or other modifications to a vehicle as required by a student's IEP).
2. Must have written in IEP medical reason why the student needs certain help or equipment to safely get on, ride, or stay on the transportation. Without these supports, the child would be unable to use the vehicle safely.
3. The child is receiving another covered IEP service on the same day.

_____Assistive Technology, list device(s): _____(must be specific in the IEP)

You must notify your business office of all special purchases.

____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