

Subject's Full Name:

Grade Level:

**PART IV: INITIAL CASE MANAGEMENT PLAN**

Current Identified Needs (based on Threat Assessment determination, including re-entry transition needs):

Current Concerns (based on Threat Assessment determination, including re-entry transition concerns):

Known/Anticipated Re-entry Date (if applicable):

**PLANNING "STEPS"**

RESPONSIBLE PERSON

Date Goal Achieved

Subject Need/Concerns

Strategy(ies) to Address Need/Concerns

Timeframe for Completion

Target Need/Concerns

Strategy(ies) to Address Need/Concerns

Timeframe for Completion

Environmental Need/Concerns	Strategy(ies) to Address Need/Concerns	Timeframe for Completion		

Precipitating Event Need/Concerns	Strategy(ies) to Address Need/Concerns	Timeframe for Completion		

**Date for Next Review:** \_\_\_\_\_

Print name of Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Team Leader: \_\_\_\_\_

Copies to: Parent(s)/guardian(s), Team members, Teachers, Student(s), others as appropriate