Special Education Teacher
END of YEAR
Case Manager Verification

Teacher: ____________________________________________
School: ____________________________________________
School Year: ____________________________

- In the space below, please indicate the activities completed by checking the box to verify completion of case manager responsibilities.

The following activities have been completed as part case manager end of year school activities:

☐ Completed IEP Reviews for students on caseload in EDplan and documented the review using the IEP Review Form.

☐ When completed, the form is submitted to the Special Education Lead Teacher at your building for review by your Special Education Coordinator after May 20.

☐ Evaluations for special education eligibility for children on your caseload that are due over the Summer Break have been processed according to the “Summer Evaluation Checklist”.

☐ Progress notes for the final quarter have been completed for the students on your caseload and all special education progress notes for this school year have been printed and placed in the corresponding child’s educational record.

☐ All Annual IEP meetings and Triennial Evaluations have been facilitated in order that an IEP be in place by the first day of school for all students on your caseload.

☐ EDplan has been updated to reflect finalized IEP and Triennial Documentation.

☐ If a student has been referred to Extended School Year (ESY), needed materials, assistive technology and adaptive equipment have been marked as directed, to be transported to the ESY site.

☐ All assistive technology, adapted equipment, materials have been accounted for and processed for the Summer.

☐ All IEPs and Evaluations on your caseload are compliant in EDplan (Green Checks).

☐ Review educational record of the students on your caseload (educational file should now contain current IEP, any IEP notices, progress reports for the school year and any evaluation reports).

Comments / Concerns:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Special Education Teacher / Case Manager: ____________________________

Date: ____________________________