Service Log - Case Management
3 Yr. Special Education Reevaluation T1018 TM

-Pink paper form-

Student: _____ **Diagnosis:** _____
Last Name First Name

UID _____ **School District:** _____

Date of Birth: _____ **Supervisory Union:** _____
mm/dd/yyyy

Check appropriate box to indicate type of eval:

- ☐ Initial Evaluation (cannot be reimbursed)
- ☐ Student's First Eval but was on One Plan
- ☐ 3 Year Reevaluation
- ☐ Completed Form 8 (cannot be reimbursed)

Beginning Date of Evaluation Process: _____
mm/dd/yyyy

Evaluation Process Completed: _____
mm/dd/yyyy

Evaluation determination meeting: _____
mm/dd/yyyy

Please check all activities completed during the evaluation process (at least 6 activities must be performed in order for the claim to be billable to Medicaid)

Check	Activity
	1. Reviewed student's records prior to evaluation planning meeting
	2. Requested input from service providers and team members to begin the evaluation
	3. Meeting to plan evaluation
	4. Arrange and schedule testing/assessment with other providers
	5. Assessment/conduct testing
	6. 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
	7. Visit to home, childcare, etc…
	8. Classroom observation
	9. Interpreted information and testing results from other providers
	10. Eligibility determination meeting and eligibility determination
☐	Eligible
☐	Not Eligible
	11. Interpretation and compilation of information to develop the Evaluation Report

Case Manager's Signature _____ **Date:** _____

Case Manager's Printed Name: _____

Payment Information

Submit Date: _____ RA Date: _____