

NCESD School Nurse Case Management Site Visit Form

Date: _____	Updated: _____
SNCM: _____	Reviewer: _____
School District: _____	Superintendent: _____
Schools: _____	Grades _____ Enrollment: _____
_____	_____
Schedule: _____	
Hours Per Week: _____	District Counselor Hours Per Week: _____
District School Nurse Hours Per Week: _____ (SNC District? Yes ___ No ___)	

Referral Process:

Participation in:

- a. MDT _____
- b. IEP _____
- c. 504 _____
- d. CPS referrals _____
- e. Parent/Teacher Conference _____
- f. Staff Meetings _____

Individual Referrals (types and numbers of referrals):

Group Activities (types and numbers of referrals):

Interagency Collaboration Efforts (e.g., progress, barriers):

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"Success Story":

Data Collection:

Filemaker:

Demographics complete?

Academics complete?

Referral complete including Areas of Concern and Risk Criteria?

Assessment complete?

Tier rating complete and accurate?

Comments _____

Testing:

Pre: _____

Post: _____

Comments: _____

District:

Familiar with SNCM role and responsibilities? _____

Active involvement in program (e.g., caseload development, referral support, translation services, administrative support)

Reviewer Recommendations: