

Continuing Case Record

Student's Name: _____ Date of Birth: _____

School: _____ Page: _____

All parent/guardian contact information including: recommendations, observations, data related to school program, IEP timelines, and exit information. **ALL ENTRIES MUST BE DATED AND INITIALED.**

MO. / DAY / YEAR INITIALS:

MO. / DAY / YEAR INITIALS:

MO. / DAY / YEAR INITIALS:

MO. / DAY / YEAR INITIALS:

When all entries have been made, **send original** to Pupil Personnel Services Department for confidential file; **retain a copy** for school folder.