

**BOARD OF EDUCATION OF THE CITY OF NEW YORK**RAMON C. CORTINES, *Chancellor*

OFFICE OF THE CHANCELLOR

110 LIVINGSTON STREET - BROOKLYN, NY 11201

April 29, 1994

DIVISION OF SPECIAL EDUCATION MEMORANDUM NO. 304, 1993-1994

TO: COMMUNITY SCHOOL DISTRICT SUPERINTENDENTS
CLINICAL ADMINISTRATORS
DISTRICT ADMINISTRATORS OF SPECIAL EDUCATION
CSE/HHVI CHAIRPERSONS
CLINICAL SUPERVISORS
SCHOOL PSYCHOLOGISTS, SOCIAL WORKERS AND
EDUCATION EVALUATORS

FROM: Howard S. Tames *Howard S. Tames*
Executive Director

SUBJECT: Caseload Management - April 1994 to June 1994

Caseload management plans are used to help CSEs with the effective management of the available resources needed to achieve the goal of timely evaluation and placement of all students referred for special education. To efficiently manage available resources, a projection of the anticipated caseload for the period from April, 1994 through June, 1994 must be determined.

The resources available to CSEs for the evaluation of students and elimination of assessment wait lists include the daytime allocation of SBST staff, per session allocation of staff, and the allocation for contracted assessments provided to the Regional Offices by the Office of Related and Contractual Services (ORCS). The projected caseload is to be completed by full utilization of the above resources.

To further advance the Division's goal of timely evaluation and placement of students who are referred for special education, the CSEs should develop and implement caseload management plans for the April to June period. These plans will be updated periodically.

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I. Development of Caseload Management Plans

CSEs, in conjunction with Clinical Administrators, are to develop caseload management plans for April 1994 through June 1994 by completing the enclosed form. These plans, delineated by language type (i.e., monolingual and bilingual), should include:

- A. Cases awaiting assessment as of March 31, 1994.
- B. Projected referrals through June 30, 1994.
- C. All triennial reevaluations due by August 31, 1994.
- D. Total projected workload through June 30, 1994 (A+B+C).
- E. Projected number of program recommendations to be completed by June 30, 1994.
- F. Projected number of cases to be closed/withdrawn, where appropriate, by June 30, 1994.
- G. Total projected cases to be completed by June 30, 1994 (E+F).
- H. Projected shortfall by compliance category (i.e., under 30 days and over 30 days) and language type (i.e., monolingual or bilingual) on June 30, 1994.

CSE Chairpersons and Clinical Administrators should ensure that caseload management plans reflect assertive efforts to complete the workload. The plans are to be submitted to the Superintendent of Clinical Services for approval by the Executive Director. Caseload management plans should be revised as needed.

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II. Guidelines for Implementation of Caseload Management Plans

To ensure that the Division provides timely assessments for students referred to CSEs, the following guidelines are to be implemented:

- A. SBST staff should prioritize their school related activities to ensure that students awaiting assessments are evaluated expeditiously prior to staff engaging in non-mandated services (e.g., intervention/prevention activities). Please note that mandates include but are not limited to counseling as a related service, ERSS counseling, etc.
- B. CAP 201 reports should be utilized as a school and child-specific tracking device to ensure the timely assessment of students and the more effective use of additional assessment resources when needed. CSE Chairpersons, Clinical Supervisors, and SBST members should jointly identify which specified students should be evaluated on a per session basis and/or by contract agencies.
- C. SBSTs should make every effort to manage their caseload during the school day. If necessary, Chairpersons and/or Clinical Supervisors will meet with those teams that need assistance to jointly plan for the management of the caseload. These meetings should take place in the school so that the supervisors can assist the team in resolving site specific problems. CAP-201 reports should be utilized for caseload reconciliation; no other logs or paper projections should be required of SBSTs. 7
- D. District caseload management plans should be reviewed periodically and revised as needed. CSE Chairpersons and/or Clinical Supervisors should direct their efforts to aid those SBST staff who require assistance in timely case completion.
- E. The CSE should use assertive outreach efforts in order to ensure that students and their parents keep per session appointments.
- F. CSE Chairpersons and Clinical Supervisors should use CAP Triennial Reports (e.g., the CAP 218 report for district totals of triennials "opened" versus triennials "due" and the CAP 215 report for summary totals of compliance status by school and language) as management instruments to track the timely completion of triennial cases due. Every effort should be made to complete triennials before the end of June in order to provide for teacher participation.

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