

ICM Meeting (Integrated Case Management)

Student Name: _____

Grade: _____

Date: _____

Meeting Type: ☐ Initial ☐ Review ☐ Transition

Attendees

Parent/Guardian(s): _____

Teacher(s): _____

Admin: _____

Counsellor: _____

Community Supports: _____

Case Manager: _____

Others: _____

Strengths / Interests

Areas of Need / Challenges

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Action Items

[illegible]