

CSA Utilization Review for School Division Private Day and Residential Placements

Referral Source: York County School Division Poquoson City Public Schools

Date of Review:

Placement Start Date:

Case Manager:

Telephone Number:

Email:

Name of Child	DOB	Sex	Social Security Number	Race
Parent/Legal Guardian *Note relationship to child if not biological parent.				
Address			Telephone	

Current School	Grade	Special Education Eligibility Classification	Student Testing Identifier

Please describe the progress that has been made in achieving the goals listed on the child's IEP.

Date of CANS:

What are the primary needs of the child, based on the CANS?

- 1)
- 2)
- 3)
- 4)

What are the centerpiece strengths of the child, based on the CANS? *May also include additional strengths not listed on CANS

- 1)
- 2)
- 3)
- 4)

What placement(s) are you requesting to be continued?

Service Type	Provider	# of Units	Type of Unit	Rate per Unit	Total Cost	Dates of Service
Private Day Placement						
Private Day Placement						

Please describe the efforts being made to return the child to a less restrictive educational placement. Please indicate if there are issues with maintaining the child's current IEP placement.

The following is attached to this review:

- Signed IEP addendum for changes in placement
- Updated CANS (must be completed every 6 months after initial CANS)
- Updated Consent to Exchange Information (must be provided annually)

Parent/Legal Guardian

Date

Case Manager

Date