



**Qualified Case Manager Form  
(INS-F168)**

Name of Teacher: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Vacant Position: \_\_\_\_\_

As the teacher agreeing to serve as the case manager, please read and initial beside each item to verify understanding and agreement:

\_\_\_\_\_ I am a Certified Special Education Teacher.

\_\_\_\_\_ All Individualized Education Program (IEP) files for which I am presently designated as the case manager are compliant.

\_\_\_\_\_ I understand that I will be paid a supplement as the case manager for files that are associated with a vacant teaching position. The supplement will be paid in January and June. I agree to maintain (check one):

- The full caseload for \$1,000 each nine weeks.
- Half of the caseload for \$500 each nine weeks.

\_\_\_\_\_ My principal and I have discussed the IEP files that I will serve as the case manager for in order to receive a supplement. I agree to maintain and ensure compliance for:

- # of files: \_\_\_\_\_

\_\_\_\_\_ I understand that if the vacant position is filled, I will pass the responsibility of the IEP files off to the new teacher and no longer be eligible for payment as the case manager.

As the building principal, I certify that the above information is accurate. I understand that I will be responsible for ensuring appropriate payroll documents are completed in December and May to ensure payment.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_