

**ECHO for Families**

**Case Presentation Form**

**Please complete ALL ITEMS on the form and email to UW ECHO at**

**projectecho@uwyo.edu****.**

**Thank you.**

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| **Presentation Information** |
| UW ECHO Network | Families |
| Presentation occurrence: | Please, select one |
| Presenter’s first and last name: | Select to enter first and last name |
| Presenter’s phone number: | Select to enter phone number |
| Presenter’s email address: | Select to enter email address |

When we receive your case, we will email you to confirm the date and time for your case presentation. Case presentation times may vary depending on the availability of the professional development presenter.

PLEASE NOTE: The UW ECHO case consultations do not create or otherwise establish a relationship between any of the UW ECHO experts or UW ECHO staff and any participant whose case is being presented in a UW ECHO setting.

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| \*\*\*OFFICE USE ONLY\*\*\* |
|  |  | ECHO ID: | Click here to enter text. |
|  |  | Date: | Click here to enter a date. |

**Presenting your case:**

**Before the Session**:
 ● Fill out this form and email to projectecho@uwyo.edu.
 ● An ECHO network coordinator will work with you to schedule a date and provide any additional information.

**During the Session**:
 ● After the session presentation, the facilitator will introduce you and provide time to present your case to the network. The facilitator will ask if there are any questions, clarifications, or recommendations.

**After the Session**:
 ● The ECHO team will create a feedback document outlining recommendations and resources within two weeks of the case presentation.
 ● You will be invited to share an update of your case to the network on a future session.

1. What is your child’s age?

Select to enter child’s age

1. What is your child’s gender?

Select to enter child’s gender

1. If you child has a diagnosis or multi-diagnoses, tell us a little bit more about this. (ADHD, OCD, anxiety, etc.)

Select to enter any diagnosis(es)

1. With whom does the child live? What other family members live with the child and what are their ages?

 Select to enter family member information

1. What are the strengths of your child? Please tell us about any special interests.

 Select to enter strengths and interests

1. Please identify the primary concern for your child/family at this time.

Select to enter the primary concern

1. Please identify a desired goal for your child or family.

 Select to enter a desired goal

1. Describe some things that may have kept your child from achieving the desired goal.

 Select to enter barriers to achieving the desired goal

1. What are common triggers, stressors, and/or factors that may contribute to the concern?

 Select to enter triggers, stressors, etc.

1. What kind of resources do you and your family have? These might be physical, social, emotional, spiritual, financial, etc.

 Select to enter family resources

1. What strategies, interventions, or other actions have you tried, related to the primary concern?

 Select to enter strategies or interventions that have been tried

1. Is there anything else you would like to tell us about your child that you think the team should know in order to provide mentoring, support, or resources?

 Select to enter additional information