

## Case Presentation Form

Please complete ALL ITEMS on the form and email to UW ECHO at [projectecho@uwyo.edu](mailto:projectecho@uwyo.edu).

Thank you.

### Presentation Information

- UW Network: Please, select one
- Presentation occurrence: Please, select one
- Case type: 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
- Proposed dates for case follow-up: Please, select three dates below
- First proposed date preference: Select to enter a date.
- Second proposed date preference: Select to enter a date.
- Third proposed date preference: Select to enter a date.

When we receive your case, we will email you a confidential identification number (ECHO ID) and confirm the date and time for the case presentation. The provided ECHO ID must be utilized when identifying this case presentation during the ECHO Session. Case presentation times may vary depending on the availability of the professional development presenter. Times will be confirmed when the ECHO ID is assigned.

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.

\*\*\*OFFICE USE ONLY\*\*\*

ECHO ID: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

## Case Information

1. Individual's grade level or setting targeted by program.

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Birth to Pre-school | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> K to Grade 2        | <input type="checkbox"/> Employment         |
| <input type="checkbox"/> Grades 3 to 5       | <input type="checkbox"/> Tech School        |
| <input type="checkbox"/> Grades 6 to 8       | <input type="checkbox"/> Community College  |
| <input type="checkbox"/> Grades 9 to 12      | <input type="checkbox"/> University         |
| <input type="checkbox"/> Other:              | <input type="checkbox"/> Not Applicable     |

2. What is the current status of the individual or program?

Select to enter current status

3. Please identify the primary concern and goal for this case presentation.

Select to enter primary concern

4. Describe contributing factors that may have kept the individual or program from progressing to the desired level.

Select to enter contributing factors

5. **For Individual Cases Only:**

What are common triggers, stressors, and/or factors related to the priority concern?

Select to enter common triggers, stressors and/factors

6. **For Program Cases Only:**

What are the strengths, challenges, opportunities, and threats of your program?

Select to enter strength, challenges, opportunities, threats, etc.

7. What strategies, interventions, or other actions have been tried, and how successful have they been?

Select to enter strategies, interventions or other actions tried

8. Comments or additional background narrative.

What else should the team know in order to provide feedback and recommendations?

Select to enter additional information

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