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|  | | | **ACS – DOE Monthly Case Review Meeting**  **Case Review Request Form** | | | | | | | | | |
| **Date Submitted:** | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| **School:** | | |  | | | | | | **DBN:** | |  | |
| **Borough:** | | |  | | | | | | **District:** | |  | |
| **BCO School Counseling Manager:** | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Student Name:** | | |  | | | | | | | | | |
| **Student ID #:** | | |  | | **Student D.O.B.:** | | | | |  | | |
| **Caller ID #:** | | |  | | **Date called into SCR:** | | | | |  | | |
|  | | | | | | | | | | | | |
| **Presenting Issue:** | | |  | | | | | | | | | |
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| **School Staff (with direct knowledge of case) to Attend:** | | | | | | | | | | | | |
| **Name:** |  | | | | | **Title**: | |  | | | | |
| **Name:** |  | | | | | | **Title:** |  | | | | |
|  | |  | | | | | | | | | | |
| **Submitted by:** | |  | | | | | | | | | | |
|  | | | | Name | | | | | | | | Title |
| **Phone Number:** | |  | | | | | | | | | | |
|  | | | | **Contact phone number for the person submitting this request. Direct Dial number is preferred.** | | | | | | | | |

**Email this completed form along with a copy of the most current LDSS 2221A to** [**dbrails@schools.nyc.gov**](mailto:dbrails@schools.nyc.gov)

**Requests must be received no less than five school days prior to the meeting date.**

Revised 12/2022