

1 CASA Report (family name)

**COURT APPOINTED SPECIAL ADVOCATE
REPORT AND RECOMMENDATIONS
PERMANENCY REVIEW HEARING ON DATE: _____
HONORABLE TRACI MCDONALD
Or GINA ZIADY, HEARING MASTER**

Submitted by: Your Name
CASA appointment: Date you were appointed to the case
CASA Supervisor: Name of your CASA supervisor

IDENTIFYING INFORMATION

Child(ren): **DOB:** **Age:** **Case DP #:**

Date of Dependency:

Current Placement: List name of foster parents and address where child is living (List as undisclosed, if applicable)

Months in Placement: xx months

Number of Placements since Child(ren) came into care: (Number of placements includes respite care, however please differentiate)

Mother of Child(ren): **DOB:** **Age:**

Father of Child(ren): **DOB:** **Age:**

Records and Reports Reviewed: Bullet list of all records reviewed such as

- CY5 CAPS notes
- Mental health reports
- School reports (IEP's)
- Juvenile court summary
- Court orders
- Parenting reports
- Psychological evaluations
- Etc.

Person's Contacted (name/relationship to child)	Date(s) contacted
Child(ren)	
Parents	
Foster Parents	
Teachers	
Therapists	
CYS Caseworker	
Etc.	

With each hearing, take out your old contacts and dates and put in only the people you have contacted since the last hearing. You can include contacts from the date of the hearing.

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CASE HISTORY: This is the over-all picture of the case. Should be one or two paragraphs which give a snapshot of the case. Should answer some of the following:

- What brought the family into the system
- Were there prior abuse allegations and assessments or investigations
- Services to the family to help solve the problems
- Placement history for children (only the number)
- Family composition: (who is involved, where they live and are there other siblings that are not court active?)

TIMELINE:

Date focused chronological order of case, with detail when necessary and important. Should be thorough and begin with earliest history possible including: General Protection Services (GPS) if pertinent; all Child line reports; placement history (where and who with, including respite care), psychiatric evaluation; hospitalization; school changes; arrest records of parents, even before children born; things of major concern.

YOUR VISITS ARE NOT TIMELINE EVENTS – DO NOT LIST OR DETAIL YOUR VISITS HERE.

Typically, after the first few hearings, we will remove the historic timeline and only include recent updates. Should we need the full timeline again, such as for a TPR hearing, we can go back and incorporate from the older reports.

Date	Event

CURRENT PLACEMENT AND STATUS:

Child's name: List each child separately

-Current Placement: (a verbal picture of what the foster home looks like: how many people in the home, rural or urban, does the child share a room & size of room. How does the child interact with other household members? Issue/ compassion foster parents might have regarding child and child's attitude and interaction with foster parents as well. The level of cooperation & communication between birth parents and foster parents, if relative. Social activities child involved with and are foster parents supporting this? **Visits with CASA child(ren) in the foster home should be incorporated here.**)

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- Placement History: (where, with who, why was child removed and/or cause of disruption from placement.)

**Please insert table if multiple placements.

Date Placed	Date Removed	Foster Parent Name(s)	Address

-Education: (All aspects of education including grades, attendance, IEP, Special services such as emotional support classroom and/or BSS therapist in-school. Any conversations and/or comments with Teachers, school nurse, school counselors and/or school staff. Include any extra-curricular activities and educational success / struggles.)

-Physical Wellness: (Medical / Dental/ Vision: **Document last visit and provider.** Medical diagnosis's/issues –physical impairments, dental needs, medication taken. Immunization Records up to date /or not able to verify. Developmental milestone, is the child on track or behind?)

-Mental/Emotional Health: (Mental health diagnoses and recommendations: Psychological/psychiatric evaluations, current and past with dates and evaluators name. Frequency of therapy appointments recommended and actual attendance. Psychotropic medications, dosages and any recent changes in medications. Behavioral problems, which include risk to self-and/or to others, inappropriate sexual behaviors and any psychiatric hospitalizations both past and recent. Therapists/counselors comments.)

-Special Consideration: Any religious, cultural, or special interests concerns.

-Visitation/contact with biological family and/or other support individuals: (Visits, where are they, if supervised comments of supervisor, how do these visits go – including your own observations of visits, positives as well as negatives of how the family interacts. How do siblings interact with each other do they visit independently? If child is older, does he/her have a boyfriend or girlfriend, discuss any issues and other support people in the child's life.)

-Independent Living Services: (Who is providing services, what phase are they in, and how is it going; successes/steps/needs.) If not applicable due to age of child under 14, please delete section.

ADULT PROFILES:

Mother, Name

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-Family History:

Family members – extended family / support system
Issues growing up /mental health diagnosis as child
Educational background / current employment / recent life changes
If you have a psychological evaluation on parent, it usually lists most of this information.

-Current Diagnosis/Parenting Challenges:

Treatment for diagnosis, transportation issues, support system (family & friends).
Court order with regards to parent and/or compliance with order.

Father, Name

-Family History:

Family members – extended family / support system
Issues growing up /mental health diagnosis as child
Educational background / current employment / recent life changes
If you have a psychological evaluation on parent, it usually lists most of this information.

-Current Diagnosis/Parenting Challenges:

Treatment for diagnosis, transportation, medical coverage, support system (family & friends). Court order with regards to parent and/or compliance with order.

COLLABORATIVE EFFORTS:

Family Group Decision Making Conference: (If there has been an FGDM, talk briefly about the attendance and results. Make sure you include the date of the conference. Has this been successful to date?) Any other collaborative efforts, i.e. Team Meetings with service providers such as CPP, ISPT meeting, Behavior Health meetings, Permanency Roundtables, IEP meetings, and any other meetings in the interest of the child their and recommendations.

WISHES OF THE CHILD(REN)

If the children are old enough, ask them what they want the court or judge to know. Express their interests on where they want to live and any issues they might be having. If the children are younger, ask if they had three wishes, what would they be. (If child is young, state child is too young to express wishes.)

ISSUES FOR THE COURTS ATTENTION:

Please list each issue in bullet point form.

- Reiterate any issues you feel are important for the court to consider. Be as brief as possible.

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- If services were recommended in the last court order and they did not occur, detail the circumstances regarding why they did not occur and or the compliance with the court order.
- Identify any special needs and/or special services or resources that might better serve the child.
- Make the court aware of any financial, material needs (health care, housing), safety and protection concern that impact both the parent and child.

RECOMMENDATIONS TO PROMOTE AND PROTECT THE BEST INTERESTS OF THE CHILDREN

Based on my observations, interviews, visitations, a review of all pertinent records and files and my court ordered legislative mandate to advocate in the best interest of the children, I respectfully recommend the court consider the following: (Number each recommendation that you make for the child. Follow the recommendations from the prior court order if they need to be continued into the new court order and make any new recommendations necessary.)

1. Child remains dependent (or not remain dependent)
2. Child's placement recommendation
3. Treatment recommendations for the child (Medical and/or Mental health)
4. Treatment recommendations for the adults
5. Visitation /contact
6. Other recommendations (for example ESY (extended school year), tutoring, social interaction (sport, clubs, big brothers/big sisters)
7. Recommendations for the parents
8. Recommendation of when case should be heard again (30 days, 45 days, 60 days, 90 days, 120 days)

(If there are multiple children in the case, and a child needs a specific recommendation, list it separately for that child.)

Respectfully Submitted:

Your Name – CASA Volunteer

Your Supervisor's Name- CASA Supervisor

Date of Report

Additional info:

1. *Please try to get your report to us about a week in advance of the hearing. This gives us time to edit, ask questions to help clarify things, research an issue you may have concerns about which you don't know the answers to, gives us*

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- time to talk to you about your report in case we have to testify in your place if you are not available ... and more...*
- 2. If you have updates, we can submit that update just prior to the hearing.*
 - 3. If you have to testify in court, take your report with you.*
 - 4. Pages on the report should be numbered. We do try and do that in the office, if you have not done it already.*