**COURT APPOINTED SPECIAL ADVOCATE**

**REPORT AND RECOMMENDATIONS**

**PERMANENCY REVIEW HEARING ON DATE: \_\_\_\_**

**HONORABLE TRACI MCDONALD**

**Or GINA ZIADY, HEARING MASTER**

**OR ROBERT ALSKO, HEARING MASTER**

**Submitted by:**

**CASA assignment:**

**CASA Supervisor:**

**IDENTIFYING INFORMATION:**

**Children: DOB: Age: Case DP #:**

**Date of Dependency:**

**Current Placement:**

**Months in Placement:**

**Number of Placements since Children came into care:**

**Mother of Children: DOB: Age:**

**Father of Children: DOB: Age:**

**RECORDS AND REPORTS REVIEWED:**



|  |  |
| --- | --- |
| **Person’s Contacted (name/relationship to child)** | **Date(s) contacted** |
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**CASE HISTORY:**

**TIMELINE:**

|  |  |
| --- | --- |
| Date | Event |
|  |  |
|  |  |
|  |  |
|  |  |

**CURRENT PLACEMENT AND STATUS:**

**Child’s name:**

*-***Current Placement:**

**- Placement History:**

**-Child’s Strengths:**

*-***Education:**

*-***Physical Wellness:**

*-***Mental/Emotional Health:**

**-Special Consideration:**

*-***Visitation/contact with biological family and/or other support individuals:**

**-Independent Living Services:**

**Child’s name:**

*-***Current Placement:**

**- Placement History:**

**-Child’s Strengths:**

*-***Education:**

*-***Physical Wellness:**

*-***Mental/Emotional Health:**

**-Special Consideration:**

*-***Visitation/contact with biological family and/or other support individuals:**

**-Independent Living Services:**

**Child’s name:**

*-***Current Placement:**

**- Placement History:**

**-Child’s Strengths:**

*-***Education:**

*-***Physical Wellness:**

*-***Mental/Emotional Health:**

**-Special Consideration:**

*-***Visitation/contact with biological family and/or other support individuals:**

**-Independent Living Services:**

**ADULT PROFILES:**

**Mother, Name**

*-***Family History:**

**-Mother’s Strengths:**

*-***Current Diagnosis/Parenting Challenges:**

**Father, Name**

*-***Family History:**

**-Father’s Strengths:**

*-***Current Diagnosis/Parenting Challenges:**

**COLLABORATIVE EFFORTS:**

**WISHES OF THE CHILDREN:**

**ISSUES FOR THE COURTS ATTENTION:**



**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:



Respectfully Submitted:

Your Name *–* CASA Volunteer

Your Supervisor’s Name- CASA Supervisor

Date of Report