

VOLUNTEER MONTHLY CASE REPORTING



Month/Year _____ Volunteer's Name: _____

Family Name: _____

Supervisor: _____

Please submit one form per case to your CASA Supervisor by the 1st of each month.

SERVICE COORDINATION /SERVICE PROVIDERS:

Total # of Service
Coord. **Hours:**

- 1) How much time was spent writing court reports? **Hours:** _____
- 2) List time spent collaborating with the CASA Supervisor and service providers? Hours: _____

FAMILY AND INTERAGENCY ADVOCACY:

Total # of Family
Adv. **Hours:**

Type of Meeting	# Of Hours Spent:
Family Team Meeting	
School Personnel, IEP	
Meeting with DFCS	
Others:	

CHILD CONTACTS/ADVOCACY (for each child):

Total # of Child
Hours:

Place of Contact	# Of Hours Spent:	Was contact Face-to-Face/Phone/Other?
Foster Home/Placement		
School		
Court		
DFCS office		
Visitation observation		

LEGAL ADVOCACY:

Total # of Legal
Adv. **Hours:**

- 1) Did this case go to court/panel this month? (Yes/No) _____

FOLLOW UP CONTACTS / SUPPORT (Meaningful contact with each of the following):

Relative Contacts

Non-Relative Contacts

Total # of Follow
Up **Hours:**

Relationship	# Of Hours:
Mother	
Father	
Non-Placement Relatives	
Other:	

Relationship	# Of Hours:
Foster Parent/Placement	
Teacher/Daycare Provider	
Therapist/Counselor	
Medical professional	
Other:	

MONTHLY CASE UPDATE:

TOTAL HOURS for Month: _____ **TOTAL MILES** for Month: _____ **TOTAL TRAINING Hours** _____