****

**Hall-Dawson CASA Program, Inc.**

**NORTHEASTERN JUDICIAL CIRCUIT**

**COURT APPOINTED SPECIAL ADVOCATE REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S NAME** | **AGE** | **DOB** | **GENDER** | **CASE #** |
| [Name of Child 1] | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **HEARING DATE:** | **HEARING TYPE:** | **JUDGE:** | **COUNTY:** |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. |

|  |  |
| --- | --- |
| **CASA VOLUNTEER:** | Click or tap here to enter text. |
| **CASA SUPERVISOR:** | Choose an item. |
| **CHILD ATTORNEY:** | Choose an item. |
| **SAAG:** | Choose an item. |
| **DFCS CASE MANAGER:** | Click or tap here to enter text. |
| **MOTHER:** | Click or tap here to enter text. |
| **FATHER:** | Click or tap here to enter text. |

****

|  |
| --- |
| [Name of Child 1]**’s Placement** |
| **Removal date:** Date removed from parents or caregiver |
| **Number of days in care:** Number of days since removal from parent or caregiver |
| **Child’s Placement:** Choose an item. |
| **County of Placement**: Click or tap here to enter text. |
| **Placement Stability:** Provide total number of placements for each child. Provide reasons for changes and duration of each placement. |
| **Child’s adjustment to placement**: Describe your direct observations of the child’s comfort level and engagement. Include statements by caregivers regarding the child’s adjustment. |
| **Normalcy**: List activities the child is participating in or wishes to participate in. Does the placement utilize reasonable prudent parenting according to the child’s age and development? |
| **Nature of Removal:** Provide allegations for dependency as listed in removal order, petition or adjudication order. Provide facts related to any prior DFCS/Court involvement, current situation that led to the removal, and services offered. |
| **Has the family indicated that ICWA may apply?** Yes or No, if Yes please provide any information you have obtained |
| **Any concerns, issues or comments regarding the placement**: Briefly describe any concerns or comments regarding the child’s placement |

|  |
| --- |
| **CASA’s contact with children** |
| **Dates of visits with children:** Click or tap here to enter text. |
| **Have you visited the placement where the child resides?** Yes or No, if No please explain |
| **Cultural needs:** Are there any cultural considerations that impact this child? (ie. Heritage, religion, sexual orientation, gender identity/expression) Are there any unmet cultural needs? |
| **Collaborative contacts and/or persons interviewed**: List all contacts made SINCE LAST COURT HEARING |
| **Records/Reports Reviewed**: List all records/reports obtained and reviewed SINCE LAST COURT HEARING |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical/Dental** | | | | |
| **Child/Youth** | **Provider** | **Dates of visits** | **Diagnoses** | **Medications** |
| [Name of Child 1] | List providers for medical, dental, vision, etc. | Click or tap here to enter text. | List any medical diagnoses | List any medications the child has been prescribed |
| **Changes since last hearing**: List any changes in medical or dental needs since last court hearing.. | | | | |
| **Actions needed:** List any services the child needs related to medical/dental care. | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health & Behavior** | | | |
| **Child/Youth** | **Trauma Assessment** | **Psychological Assessment** | **Therapy or medications** |
| [Name of Child 1] | Enter date of assessment | Enter date of assessment | List the type and frequency of therapy and any medications child is on to address mental health needs |
| **Has the child/youth been charged with a status offense/crime during the time they have been in care?** If yes, provide the date and type of alleged offense/crime. | | | |
| **Has the child/youth been adjudicated Delinquent during the time they have been in care?** Yes or No, if Yes provide details | | | |
| **Changes since last hearing**: List any changes regarding the mental health treatment or medications the youth is receiving since the last court date. | | | |
| **Actions needed:** List any services the child needs related to their mental health | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education/Daycare** | | | | |
| **Child/Youth** | **Current School/Daycare** | **Grade level** | **Services receiving at school** | **Number of schools/daycares attended:** |
| [Name of Child 1] | Click or tap here to enter text. | Click or tap here to enter text. | IEP, 504, BIP, etc. | Click or tap here to enter text. |
| **If the child is 0-3, are they receiving services from Baby’s Can’t Wait?** Click or tap here to enter text. | | | | |
| **If the child is 14 or older, are they receiving ILP services?** Click or tap here to enter text. | | | | |
| **How is the child’s attendance and behavioral record at the school?** Click or tap here to enter text. | | | | |
| **Changes since last hearing:** List any changes regarding education/daycare since the last court hearing | | | | |
| **Actions needed**: List any supports or services needed regarding education/daycare | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Visitation** | | | | |
| **Child/Youth** | **Is visitation occurring?** | **Frequency** | **Participants:** | **Are there any issues with visitation?** |
| [Name of Child 1] | Yes, No, or N/A. | Click or tap here to enter text. | List everyone who visits with child | Click or tap here to enter text. |
| **Sibling connection:** If not placed together, how often do the siblings visit? Do they communicate regularly outside of scheduled visits? | | | | |
| **Recommendations regarding visitation:** Provide recommendation for strengthening parental and family connections. | | | | |
| **Actions needed:** Click or tap here to enter text. | | | | |

|  |
| --- |
| **Case Plan/Court Orders** |
| **Describe case plan progress/outcomes:** Describe the level of participation and engagement on the goals listed in the case plan. |
| **Is the existing case plan/court order still appropriate?** Yes or No, if No- list your recommendation and supporting details |
| **Have there been any changes in the parents housing, employment, drug screens, relationship status, etc. since the last court date?** List any changes the court should be aware of. |
| **Are there any relatives or fictive kin that need to be evaluated?** List any relatives you have spoken to or that have been mentioned by the children or other family members. |
| **Actions needed**: Are any additional services or programs needed that are not already in the case plan or court order? |

|  |
| --- |
| **Assessment and CASA’s Recommendations** |

1. **What is CASA’s recommendation regarding placement/custody?** Click or tap here to enter text.
2. **What is CASA’s recommendation regarding the plan and goal for permanency?**  (Reunification, permanent guardianship with relative, long term foster care, adoption, etc.) Elaborate with details supporting your recommendation

|  |  |
| --- | --- |
| **CASA VOLUNTEER:**  Click or tap here to enter text. | **SIGNATURE AND DATE:** |
| **CASA SUPERVISOR:**  Choose an item. | **SIGNATURE AND DATE:** |

**The CASA volunteer has been appointed by the juvenile court judge pursuant to O.C.G.A. §§ 15-11-104(d) and 15-11-106(a) (2).  This report is submitted according to the duties of the appointed GAL as described by O.C.G.A. § 15-11-105(c) (15).  The CASA volunteer reserves the right to amend this report based on additional information obtained in the court hearing.  This report as well as any and all records and information acquired or reviewed by the GAL during the court of his or her appointment shall be deemed confidential and shall not be disclosed except as ordered by the court or applicable statute.  O.C.G.A. § 15-11-105(f)**