#### CASA REPORT TO THE COURT

**CASE NAME: (**Child’s name) **CASA:** (CASA advocate’s name here)

**FC#:** (Found on Court Order) **Date of Appointment:** (Date CASA was appointed)

**Date of Birth:** (Found on Court Order)

**COURT DATE:** (Date of scheduled hearing)

**REPORT DATE:**  (Date report was written)

**BACKGROUND SUMMARY:**

(Brief account of the incidents leading up to the removal, including reasons and date the child came into care, summary of the history of referrals and when family first became known to DCPP, including any arrests related to removal etc. Include one statement about where child was placed originally (e.g. in a resource home or with a relative) but do not give name or address. ***Use initials for any resource parents***. If child has been moved, a statement about the number of moves and reference to current placement. One statement regarding birth parents’ issues (i.e. substance abuse, mental health, domestic violence, etc.). ***This should be approximately one paragraph*** *–* the judge has this information in his/her file and your paragraph should be a reminder.)

**CONTACTS**:

(These are the people you have had contact with since the last court hearing that have provided the facts in your current status. For resource parents use initials. List the number of each type of direct contact.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Role** | **Telephone**  | **In-Person** | **Written** |
| (Name and role/relationship to child) | (Number of contacts since previous hearing) | (Number of contacts since previous hearing) | (Number of contacts since previous hearing) |
|  |  |  |  |
|  |  |  |  |

**CURRENT STATUS:**

Report of significant information and events which have occurred since last court hearing.

**PLACEMENT and ADJUSTMENT:**

**(Can include:** Information about where the child is currently residing – if with a resource parent, do NOT use names or addresses; instead use initials. Are there any adjustment issues? If a new placement, discuss how the child is doing with the transition. Include direct observations that are pertinent, as well as information from the caregiver. Discuss how the child is doing developmentally based on information from the caregiver and direct observation. Include dates of meetings/visits to document sequence.)

**MEDICAL:**

**(Should include:** Provide the name and dosage of any medication the child is currently taking. Information about evaluations/exams: dates, results and plan. **Can include:** Does the child have any outstanding medical issues (including dental or vision)? Are those needs being addressed? If so, in what way and by whom? Is the child on medications? If so, what are they and how are they being monitored/administered? If there are no issues, is the child receiving appropriate well care (appointments, immunizations, etc.)?)

**PSYCHOLOGICAL:**

**(Should include:** Any diagnoses of the child. **Can include:** Discuss any issues or concerns based on observation and information from various parties. Include information on therapy, including name of therapist and frequency of appointments. Note if therapy is NOT being provided or is not need. For what issues? Is the child on any medications for psychiatric issues? If so, what is the medication, dosage and who is monitoring it? Does there need to be a recommendation for an evaluation?)

**EDUCATIONAL:**

**(Should include:** Provide the name of the child’s school or daycare and the grade the child is currently in, as well as whether the child has an IEP or is receiving EIP services. Whether the child is functioning on grade-level according to his/her teachers. **Can include:** Has an Early Intervention Evaluation been completed? Is the child experiencing any difficulties? Are they being addressed? If so, how: counseling, child study team involvement, individual educational plan? Do the teachers believe that an IEP eligibility meeting may be needed? Should any referrals for evaluations be recommended?)

**VISITATION:**

**(Can include:** Discuss the plan for the frequency of parental visits and with whom (mother, father, grandparents, etc.). Discuss whether visits are occurring. If they are not occurring, what are the reasons? (It is very important to indicate who provided those reasons.) Discuss the plan for the frequency of **sibling visits**. Are they occurring? If they are not occurring, what are the reasons? Discuss what, if anything, is being done to facilitate visits. Are there other family members with whom the child is requesting visits (step-parent, grandparent, etc.)? Are there other family or friends who are offering to supervise?)

**RECOMMENDATIONS:**

1. That… (Statements that advocate in the best interests of the child)

The Recommendations should follow in the same sequence as the current status topics.

* Placement
* Medical
* Psychological
* Educational
* Visitation
* Parental compliance and progress

**Recommendations should always focus on:**

1. Child’s placement
2. Services for the child
3. Services for the parent(s)
4. Visitation

**Respectfully submitted,**

Your signature

**Your name, Court Appointed Special Advocate**

Case Supervisor’s Signature

**Case Supervisor’s Name**

**Phone Number**