TO: CRB Field Manager Jackson County CRB

FROM: Your Name, CASA Date of Review

RE: Child’s Name, Petition Number

DATE REPORT WRITTEN:

**I. INTRODUCTION**

Name(s) of kid(s) and age(s)

How long the children have been in care and number of placements.

Date you were appointed as CASA.

Provide Brief Case Chronology

**II. CHILD(REN)**

In paragraph format, please describe the child(ren) and provide specific details to address the following:

How is the child doing in the current placement?

How does the child feel about the permanency plan?

How the child’s needs are being met (medical, dental, educational, psychological)?

What were the dates of the exams and assessments? Are there exams scheduled?

Are there any medical and/or dental issues? What medications is the child taking?

What services are being offered to each child? (mental health counseling, developmental services, Independent Living program, etc?) Are any other services needed? With what frequency are services taking place?

What is the child’s educational status and academic performance? What grade? Are they on an IEP?

Does the child participate in any activities?

What is the frequency of contact with parents and family members? How do the visits go? Are they visiting with the siblings if placed in separate homes?

Are there any additional needs or concerns?

**III. PARENTS**

Addressing each parent separately, summarize the parents’ level of involvement and degree of participation in court ordered services (positives as well as negatives).

What services is the parent participating in? When did they engage in services?

Is the parent making progress toward resolving safety threats?

What are the remaining concerns?

What is the frequency and status of the visits? Do they go well?

If plan is not Return to Parent, what is the legal status of the parents (relinquished, etc.)?

**IV. CONCLUSION**

Are you in agreement with the permanency plan? What progress is being made toward this plan?

Are you in agreement with the concurrent plan? What progress is being toward this plan (relative search, etc.)?

Voice any concerns you may have about the case i.e., further services needed.

State any recommendations that you have for the case.

Cc: Name, DHS Caseworker

 Name, Attorney for child

 Name, Attorney for mother

 Name, Attorney for father

 Name, Tribal Representative