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| **Name of CASA:** |  |
| **Case Supervisor:** |  | **Month:**  | **Year:** |
| **Case Worker:** |  |
| **Names of Children:** |  |
| **Placement:** |  |
| **Total Case Hours:** |  |
| **Total Mileage:** |  |
| **Total Education Hours:** |  |
|  |
| **CASE SNAPSHOT**: Overview of what happened this month. Include a brief summary of events such as placement change, hearing results, and/or how the child(ren) are doing. |
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| **OUTCOME MEASUREMENTS****(out of court)** | **Total #** |  | **COURT/CFC/CRB ADVOCACY****(in court)** | **Total #** |
| **Visits with child(ren) Local** |  |  | **Attendance: Court Hearing** |  |
| **Visits with child(ren) Out of County** |  |  | **Attendance: CRB Hearing** |  |
| **Communication with child(ren)** |  |  | **Attendance: CFC Hearing** |  |
| **Educational** |  |  | **Attendance: CFC Staffing** |  |
| **Psychological** |  |  | **Recommendations: Educational** |  |
| **Medical/Dental** |  |  | **Recommendations: Psychological**  |  |
| **Family Connections** |  |  | **Recommendations: Medical/Dental**  |  |
| **Community Partners** |  |  | **Recommendations: Family Connections**  |  |
| **Foster Parents** |  |  | **Recommendations: Placement**  |  |

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| **Date** | **Activity** | **Hours** | **Miles** | **Educational Hours** |
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