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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:** |  | | | | | | |
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| **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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