|  |  |  |  |
| --- | --- | --- | --- |
| Case No.  |  | CASA |  |
| **Citizen Review Board** |  |
| Hearing Date |  |
| Mother’s Name |  |
| ICWA Case (Y/N) |  |
| Child’s Name | Age | Length of Time in Foster Care | Number of Placements | Father’s Name |
|  |  |  |  |  |

**I understand and agree with DHS’s plan for this child**.

Yes\_\_\_\_ No\_\_\_\_

**Needs and Wishes of the Child:**

**Placement**:

**Visitation**:

**Education**:

**Psychological**:

**Medical/Dental**:

**Child Development**:

**Recommendations in the best interest of the child:**

**Comments:**

Respectfully submitted,

Court Appointed Special Advocate

cc: Child Welfare Caseworker -

 Attorney for Child –

 Attorney for Mother-

Approved by:

CASA Program Coordinator