

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Case No. |  | | CASA: |  | |
| For the Honorable |  | | | | |
| Mother’s Name |  | | | | |
| Date of Hearing |  | | | | |
| ICWA Case (Y/N) |  | | | | |
| Child’s Name | Age | Father’s Name | | Length of Time  In Foster Care | Number of  Placements |
|  |  |  | |  |  |

**HISTORY**

**RECORDS REVIEWED**

**SUMMARY OF INTERVIEWS**

Date, Name and Relationship to Child

**NEEDS AND WISHES OF THE CHILD**

**Child Placement**.

**Child Behavior.**

**Child Development.**

**Education.**

**Medical.**

**Visitation.**

**FAMILY SUPPORTS AND STRENGTHS**

**CONCERNS**

**RECOMMENDATIONS**

Respectfully submitted,

CASA’s full Name

Court Appointed Special Advocate

cc: Child Welfare Caseworker –

Tribal Caseworker -

Attorney for Children -

Attorney for Mother -

Attorney for Father -

Approved by:

CASA Program Coordinator’s full Name

CASA Program Coordinator