**CASA GAL MONTHLY REPORTING FORM**

**Case Name:** **Date Assigned:**

**CASA GAL Name:** **Reporting Month/Year:**

**Supervisor** **Hours spent on case this month:**

**Monthly Activity with Child**

**Child’s Name:**  **Date of Birth**:  **Gender**:

**Ethnicity**:

Visit with Child?                      ☐Yes ☐No

Please list date and place:

Other contact w/child?                               ☐Yes ☐No

Describe:

**Parents/Caregivers**

Contact with Mother                                                ☐Yes ☐No ☐ NA

Contact with Father                                                  ☐Yes ☐No ☐ NA

Contact with Foster Home                                                ☐Yes ☐No ☐ NA

Parent Deceased ☐Yes ☐No ☐ NA

Parent in Jail ☐Yes ☐No ☐ NA

**Medical/Mental Health**

Is child currently in therapy?                                   ☐Yes ☐No

Contact with Therapist                                                ☐Yes ☐No ☐ NA

Contact with Medical Personnel       ☐Yes ☐No

Is child up to date medically? ☐Yes ☐No

Is the child prescribed Medication?                                 ☐Yes ☐No

If so, please list details:

Is the child other receiving services?         ☐Yes ☐No

If yes, please list details:

**Education**

School child is attending:

Is child receiving education services   ☐Yes ☐No?

If so, please describe:.

Contact with School/Daycare/EI                                                ☐Yes ☐No ☐ NA

**Current placement:**

☐Own home            ☐With Relative                   ☐Therapeutic Foster Home

☐Foster Home         ☐Adoptive Home                ☐Detention Center

☐Hospital                ☐Residential Facility          ☐Other:

Was there a change in the child’s placement this month?     ☐Yes ☐No

Towns of Placement: (Start with town removed from)

**Visitation**

Did the child have visitation with the bio mother?                         ☐Yes ☐No ☐ NA

Did the child have visitation with the bio father?                           ☐Yes ☐No ☐ NA

How often and where do visits take place?

**Contact with Social Worker**

Received updated from SW?                                     ☐Yes ☐No

Foster Care Review?                                   ☐Yes ☐No

If yes, did you attend?                                                             ☐Yes ☐No

If yes, what was the date?

If no, when is the FCR scheduled?

Change in SW this month?                                          ☐Yes ☐No

What is DCF’s Goal/Agree or Disagree/Explain if disagree

**Collateral Contacts**

List any other contacts:

**Court Activity**

Was there a Court hearing this month?                                 ☐Yes ☐No

*If yes, list date:*

Was a report filed?                                 ☐Yes ☐No

**Organize Monthly Case Notes**

Insert monthly narratives here; Include dates and full names

List Actions Needed:

List Actions Accomplished:

List any additional concerns:

**Misc.**

Speakers/Ideas for Continuing Education:

CASA could make my life easier if: