



CASA: A Voice for Children

CASA Volunteer Monthly Report

Monthly reports are due by the 10th of each month for the *prior* month's activities. THIS ***MUST*** BE COMPLETED AND TURNED IN TO ADVOCATE SUPERVISOR ***EVERY MONTH*** WHILE ASSIGNED TO A CASE. *Please document activities from first day of reporting month to last day ONLY (ex. Dec 1-31).*

CASA Name: _____ Month: _____ Year: _____

Next Court Date: _____ Hearing Time: _____ Hearing Type: _____

Date of last case plan: _____ Did you attend? _____

Case Plan Goal: _____ New Tasks: _____

Placement Information:

1st Child's Name: _____ **Case #:** _____ **DOB:** _____

- Has there been a change in placement this month? Yes No

If yes please complete placement information

Placement	Type	Location	Date of Placement	Reason of move

- Has abuse/neglect of child been reported to DCF during the month? Yes No
- If yes, has DCF affirmed abuse? NA Pending Yes No
- If yes, has DCF substantiated abuse? NA Pending Yes No

2nd Child's Name: _____ **Case #:** _____ **DOB:** _____

- Has there been a change in placement this month? Yes No

If yes please complete placement information

Placement	Type	Location	Date of Placement	Reason of move

- Has abuse/neglect of child been reported to DCF during the month? Yes No
- If yes, has DCF affirmed abuse? NA Pending Yes No
- If yes, has DCF substantiated abuse? NA Pending Yes No

3rd Child's Name: _____ **Case #:** _____ **DOB:** _____

- Has there been a change in placement this month? Yes No

If yes please complete placement information

Placement	Type	Location	Date of Placement	Reason of move

- Has abuse/neglect of child been reported to DCF during the month? Yes No
- If yes, has DCF affirmed abuse? NA Pending Yes No
- If yes, has DCF substantiated abuse? NA Pending Yes No

Describe children's progress since last report (include any referrals for service):

Activities:	
Behaviors:	
Education:	
Therapy:	
Visitation:	
Medical (KBH/Dental):	
Independent Living Tasks:	

Parent's efforts since last month's report (include any referrals for services):

Housing:	
Employment:	
Therapy:	
Drug/ Alcohol:	
Classes: (Parenting, DV, AM, Etc.)	
Resources: (Referrals & Strengths)	
Visitation: (Type, Frequency, Follow-through)	
Other Concerns:	