

Monthly Activity Form

CASA Volunteer:
Report Month and Year:

Case Name:
Volunteer Coordinator:

Team Information

Caseworker and Agency:	
Deputy Juvenile Officer:	
Guardian Ad Litem:	
Mom's Attorney:	
Dad's Attorney:	
Additional Parent Attorneys:	
<u>Date and Time of Next FST Meeting:</u>	
<u>Date and Time of Next Court Hearing:</u>	

CASA Children Information

Name of CASA Child:	
Age of Child:	
Type of Placement:	
County Placed:	
Name of Placement:	
Placement Address:	
School:	
Grade:	
IEP (Y or N):	
Psych Eval Completed (Y or N):	
Current medications:	
Child's Therapist:	

Name of CASA Child:	
Age of Child:	
Type of Placement:	
County Placed:	

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Grade:	
IEP (Y or N):	
Psych Eval Completed (Y or N):	
Current medications:	
Child's Therapist:	

Monthly Case Update:

(i.e. changes with parents, children, team, case goals, etc.)

Any concerns about CASA Children: (i.e. behavioral, educational, medical, etc.)

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Volunteer Name: _____

Month/Year: _____

Date	Person Contacted-Title/Activity	Type of Contact (FTF, phone, text, e-mail, NA)	Amount of Time (in hours and minutes)			Mileage
			Case Hours	Travel Time	Training/ Cont. Ed.	
		TOTALS:				

Volunteer Signature: _____

Staff Signature: _____

Date: _____