CASA Questionnaire

Name of Child(ren): _____ Board #: ___ Return by: ___/___/___

When did you first become involved in this case? ___/___/___			
What is your understanding of why the child(ren) has entered care?	☐Physical Abuse ☐Sexual Abuse ☐Neglect	☐Child's Emotional Problems ☐Parents Incarceration ☐Child's Behaviors	☐Parents Drug/Alcohol Abuse ☐Child's Medical/Special Needs ☐Child's Drug/Alcohol Abuse
Other:			

Case Plan and Services	
What do you understand the permanency objective for the child(ren) to be?	___reunification ___long-term foster care ___guardianship ___adoption ___independent living ___self-sufficiency ___in transition ___no plan
What problems if any, are keeping this plan from succeeding?	___lack of parental compliance ___services not available in the area ___lack of funding for services ___child's behaviors/needs ___legal delays due to criminal charges ___on waiting list for services ___legal delays in filing for permanency ___parental mental limitations/deficiency
Do you believe that the child(ren) could return home safely at this time?	___Yes ___No (If no, please explain)
How much contact do you have with the Case manager?	___Weekly ___Monthly ___None apply ___Other
How much contact do you have with the GAL?	___Weekly ___Monthly ___None apply ___Other

What services have the biological parents participated in or do they need to participate in?						
	Not needed	Needed, not provided	Provided	Completed	Refused	On Waiting list
Alcohol/Drug Treatment						
Co-dependency Treatment						
In-home Services						
Psychological Evaluation						
Housing						
Sex Offender Treatment						
Family Counseling						
Domestic Violence Program						
Family Support Worker						
Homemaker Services						
Parenting Classes						
Transportation Services						
Support Groups						
In-patient Treatment						
Individual Counseling						
Language Translator Services						
Other:						

Visitation	
Is visitation occurring with the parents? ___Both parents ___Mom only ___Dad only ___Neither	Is there sibling visitation? ___Yes ___No ___Some ___N/a
How frequent are visits to occur?	
How are visits supervised?	___Supervised ___Monitored ___No Supervision *List person/agency supervising visits here: _____
Do you feel that the visitation is in the child(ren)'s best interest? ___Yes ___No (If no, why not)	

Child Specific Concerns

What are the child(ren)'s special needs? (medical, dental, psychological, educational)
When was the most recent in-person contact you've had with the child(ren): ___/___/___
What is the date of the most recent visit to the child's placement you've made: ___/___/___
Do you believe that the child(ren)'s placement is safe and appropriate? ___Yes ___No

What services does the child participate in or need to participate in?						
	Not Needed	Needed, not provided	Provided	Completed	Refused	On Waiting List
Alcohol/Drug Treatment						
Individual Counseling						
Psychological Evaluation						
Sex Offender Treatment						
Community Treatment Aid						
Family Support Worker						
Support Groups						
Transportation Services						
Other:						

Please include here any other information that you would like the Board to know; feel free to add extra pages if you need more room.	

Form completed by: _____ Date completed: ___/___/___

THANK YOU, PLEASE RETURN THIS FORM TO:

To respond by taped questionnaire, call 1-800-577-3272