

Organizational Form for Mandatory 60 Day Case Review / One on One Meeting

CASA Name: _____

Date: _____

Child's Name(s) & Age: _____ Social Worker: _____

Judge: _____ Next Hearing Date/ Type: _____

Brief Case History to Current Placement: (reason for original detention, case plan, current home)

Education/Academic Updates or Concerns:

Social/Emotional Health and Wellbeing (mental health status or concerns):

Concerns or Questions: (visitation, therapy, placement, case plan, resources, etc.) _____

Share something fun you did with your youth, or your favorite thing about them!

CASA FOLLOW UP & PLANS:

1. _____

2. _____

3. _____

4. _____

5. _____

Staff Only:

Date of Mandatory 60 Day Review: _____

Staff Facilitating Session: _____

Notes/Comments/Follow-up: _____
