

# DAY OF DATA CASA Survey!

**Your First Name \***

**Your Last Name \***

**Your Email**

**Your Program \***

**Child's Legal/Court Case Number \***

**On what date was the dependency petition filed? (start date of the case)**

**On what date were you appointed to this child's case?**

**What is the child's age TODAY?**

**Date of last Court hearing \***

**Were you (the CASA) present for the court hearing? \***

Yes

No

**Have you been the CASA for the child over the entirety of the past 6 months?**

Yes

No

**During the past 6 months, how many times did you visit the child?**

**1. Has the child been reunified with his/her parents in the past 6 months?**

Yes

No

**2. Have there been any additional findings of re-abuse or neglect in the past 6 months?**

Yes

No

**3. What is the child's current placement?**

In home with parents

Foster Care (family-like setting)

With Relatives/Kin

Group/Congregate Care

Group Care

Detention

Hospital or Treatment Center

On-the-run

A "Suitable Other"

**4a. Has the child maintained consistent visitation with his/her MOTHER as ordered by the court over the past 6 months?**

Yes

No

Visitation not ordered by court

Child is placed in mother's home

**4b. Has the child maintained consistent visitation with his/her FATHER as ordered by the court over the past 6 months?**

- Yes
- No
- Visitation not order by the court
- Child is placed in father's home

**5. Has the child maintained consistent visitation with his/her siblings as ordered by the court over the past 6 months?**

- Yes
- No
- Visitation not ordered by court
- Child has no brothers or sisters in care
- Siblings are placed together

**6. How many times has the child moved placements over the past 6 months?**

- 0
- 1
- 2
- 3
- 4
- 5 or more

**7. Has the child been to the doctor in the past 6 months?**

- Yes
- No

**8. Has the child been to the dentist in the past 6 months?**

- Yes
- No

**9. If the court ordered counseling or mental health services for the child, is the service being provided?**

- Yes
- No
- Not ordered by court

**10. How many psychotropic medications is the child currently on?**

- 0
- 1
- 2

- 3 or more

**11. Which of the following best describes the current education setting for the child?**

- Attending day-care only
- Attending pre-school
- Attending elementary/secondary school
- Not enrolled
- Already Graduated High School

**12. Over the past 6 months, has the child missed more than more than 2 days of school / month for 2 months or more?**

- Yes
- No
- Not applicable

**13. Over the past 6 months, has the child been tardy (late) for school on a recurrent basis?**

- Yes
- No
- Not applicable

**14. Does the child have a reliable way to get to and from school each day?**

- Yes
- No
- Not applicable

**15. Is the youth on track to be promoted to the next grade level / graduate?**

- Yes
- No
- Not applicable

**16. Does the child have a current IEP / 504 plan?**

- Yes
- No
- Not applicable

**17. Does the child participate in any extra-curricular activities?**

- Yes

- No
- Not applicable

**18. Has the youth run away from placement during the past 6 months?**

- Yes
- No

**19. Has the youth been adjudicated on any juvenile offenses in the past six months?**

- Yes
- No

**20. What is the date of the next review hearing?**

**21. If the child's case closed (dependency dismissed) during the past 6 months, what was the FINAL PLACEMENT outcome for this child?**

- Reunified with a parent
- Adopted by relative/fictive kin
- Adopted by foster parents
- Guardianship
- Aged out of care
- Other
- Case is still open

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