**Child’s Name:**

**Petition Number:**

**Child’s Date of Birth:**

**Hearing Date:**

**Hearing Type:**

**Date CASA was assigned to case:**

**History:** This information can be found in previous SSP reports and/or by asking the SSP.

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| 1. Summarize the children’s placement history from initial detention until current placement. Include overall number of placements, types of placements, and any significant reasons for removal, if known. |  |

**Current Situation:** Include only current, factual information that has occurred since the last court report. **Please do not copy any information from your last report, and please remember to follow up on any issues identified in the last report.** If a section does not apply to your children then please leave blank. **Always remember: record WHO provided you with the information you are describing, and WHEN you spoke with that person. Please write in complete sentences.**

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| 1. List the ***full names*** of all persons contacted during ***this reporting*** ***period***. Include their titles or roles, e.g. caregiver, teacher, social services practitioner.
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| 1. Write at least 2-3 sentences describing each child (age, interests, personality, positive attributes, goals, etc.). **This section should be positive!**
2. In what, if any, extracurricular activities or hobbies are the children active in?
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| 1. How many visits have you had with the children since your last report or how often do you visit them (if you have a set schedule, i.e. twice a month)?
2. What kinds of things do you do during visits?
3. How is their behavior during visits?
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| ***PLACEMENT:*** ***This information should be largely based on your observations and conversations with the caregiver(s) and children. ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** |  |
| 1. Where are the children placed and on what date were they placed there? **Please include all placements over the last reporting period.**
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| 1. Describe the children’s placement (i.e. spacious house, pets in the house, do the children have their own room(s), are there any other children in the home)?
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| 1. Describe the children’s interactions with their caregivers and any other children or family members in the home. Do the children seek the caregivers for attention and comfort? Are the children comfortable in this home?
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| 1. If reunification does not occur, the children’s caregivers are: 1) willing to adopt, 2) willing to assume legal guardianship 3) willing to either adopt or assume legal guardianship, 4) not willing to adopt or assume guardianship. **If not willing to adopt/assume guardianship, how long are they willing to allow the children to remain placed with them?***Tip: Speak the social services practitioner first, then confirm with the caregiver.*
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| 1. If the placement is not a relative placement, are you aware of any relatives or nonrelative extended family members (NREFM) willing to take placement of the children?
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| ***CONTACT WITH SIBLINGS AND RELATIVES WITH WHOM CHILDREN ARE NOT PLACED: Speak with the caregivers, social services practitioner, and children to gather this information.*** |  |
| 1. Do the children have a sibling(s) in a different placement? If so, do they have visits? Describe the visits (frequency, children’s interactions).
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| 1. Do the children have visits with any other family members (other than the mother and the father)? If so, who and how often?
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| 1. Describe the children’s feelings about the visits (if they have shared those feelings with you).
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| 1. Describe any positive feedback or concerns from the caregiver or any service provider(s) about the children’s behavior before and/or after visits.
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| 1. Ask the child if they miss anyone, or if there is anyone they do not currently visit with that they would like to see.

Note: please discuss any feedback you receive with the SW so they can assess for possible visitation.  |  |
| ***MEDICAL & THERAPEUTIC INFORMATION FOR THE CHILDREN:*** |  |
| 1. Describe any medical or dental concerns. Are the children up to date on exams and immunizations?*Tip: Speak to the caregiver about this and follow up with the social services practitioner and/or doctors if the child has any signification medical issues.*
2. List all prescribed medications with dosages for each child and what the medication is treating.
3. Ask the child and caregivers if they would like the Court to know anything specific about the health of the children.*Tip: Speak to the caregiver about this section and follow up with the doctors if the child has any significant medical issues, if appropriate.*
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| 1. Are the children in therapy? If so, when did you speak with the therapist?
2. According to the therapist, when did therapy begin, how often does the child attend, and has participation/attendance been consistent?
3. According to the therapist, what are the child’s therapeutic goals and what progress has the child made towards meeting those goals?
4. Describe any concerns or positive feedback provided by the therapist.
5. Do the caregivers think therapy has been beneficial?
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| 1. Are the children receiving any other services, such as physical therapy, occupational therapy, placement stabilization, etc.? (i.e. KidStart, California Early Start, Inland Regional Center) (*ask SSP if unknown*)
2. If so, when did you speak with the provider(s)? Describe the services the children are receiving and the progress that they are making. Include any concerns or positive feedback from the provider(s).
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| *\* The below information should be derived from social services practitioner only. Do not discuss with children.* 25. If child is 12 years or older, has the youth received the requisite reproductive and sexual health curriculum or education? Has youth been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health? If so, when? *\*Confirm this information with social services practitioner only.*  | I have confirmed with the DPSS social services practitioner that XXX received the required reproductive and sexual health education on DATE and has been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health.OROn DATE, the DPSS social services practitioner confirmed that XXX has not yet received the required reproductive and sexual health education or been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health. That requirement will need to be complete when XXX graduates from eighth/twelfth grade in MONTH YEAR. |
| 26. Did the youth experience any barriers accessing medical services?*Tip: Example may include access, transportation, etc.*  |  |
| ***EDUCATIONAL INFORMATION:*** ***This information should be largely based on your conversations with teachers and school staff.*** |  |
| 27. Where do the children go to school? In what grade are the children?  |  |
| 1. Do the children have IEPs (individualized education programs) or receive other special education services? If so, what is the qualifying disability?
2. Describe the services the child is receiving.

30. When was the IEP last reviewed? |  |
| 1. When did you speak with the children’s teacher(s) or school staff? Describe the child’s academic performance (including grades), attendance, behavior, and interaction with peers. Describe any positive comments or concerns from the teacher.
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| 1. Who holds educational rights? (*ask SSP if unknown*)
2. Is that person communicating with the school and addressing the child’s educational needs, according to school staff and/or teachers?
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| *Tip: If the child is in high school, talk to the child’s school counselor and ask for a copy of their most recent report card/transcript and attendance record.*1. How many credits does the child have and are they on track to graduate?
2. Is the child on a diploma track or a certificate of completion track?
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| ***ADDITIONAL INFORMATION FOR CHILDREN 16 YEARS AND OLDER:*** ***This information should be mostly based on your conversations with the child. Check in with caregivers and social services practitioner for additional information if needed.*** |  |
| 36. Does the child have a California identification card, Social Security card, and copy of their birth certificate? If no, why not? |  |
| 1. Does the child have a job or do they want to start looking for a job?
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| 1. Does the child have a checking and/or savings account?
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| 1. Is the child participating in independent living program (ILP) services? If so, when did you speak with the ILP worker? Describe the services the child is participating in.
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| *\* The below information should be derived from social services practitioner only.* 40. If child is 16 years or older, when did the social services practitioner last complete the screening questionnaire to assess for application to Social Security Income (SSI)? *\* This is frequently completed at CFT meetings. Confirm this information with social services practitioner .* | I have confirmed with the DPSS social services practitioner that XXX was screened for an application to Social Security Income (SSI) on DATE and it was determined that 1) an SSI application does not need to be completed OR 2) an application should be submitted. The submission date for the application is XXX.OROn DATE, the DPSS social services practitioner confirmed that XXX has not yet been screened for an application to Social Security Income (SSI). That requirement will need to be completed before the youth is 17.5 years old in (month year). |
| 1. Is the child planning to participate in extended foster care (EFC)? If so, how do they plan to meet the EFC requirements? (school, work, both?) If not, what is the child’s plan and do they know how to enter EFC in the future?
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| ***PARENT(S)’ VISITATION AND SOCIAL SERVICES PRACTITIONER RECOMMENDATIONS:******Check in with the social services practitioner to discuss the parent(s)’ visitation, if applicable, and their recommendations.*** |  |
| 41. When were reunification services for the parents terminated?  |  |
| 1. Have the parents continued to visit the children since their services were terminated? Are their visits supervised or unsupervised? *Tip: Ask the caregiver and confirm with the social services practitioner if needed.*
2. If you have observed any visits since the last hearing, describe the parents’ interactions with the children. (Include dates)
3. What are the family’s strengths?

Tip: What’s working well for the family? This information can come from a CFT meeting, feedback from the child/caregiver, or your direct observations. |  |
| 1. Ask the social services practitioner what their recommendations will be and list them here.
 |  |
| 1. Is there any other information that you would like to include that is not captured in the table above?
2. Based on observations and conversations, have you noticed if your child has any unmet cultural, social, or emotional needs?

E.G: Has your youth expressed that they have always planned/hoped to have a bar or bat mitzvah, quinceañera, sweet sixteen, or other milestone birthday celebration? Does your child tell you there is no one in the home that understands their type of hair? Has your child mentioned not having anyone to eat lunch with at school or feeling out of place in the community where they live? Have you observed indications that your child may be grieving relationships that have been disrupted by their time in foster care?1. Ask your case child if there is anything they would like you to tell the Court (discuss this with your supervisor to ensure this is an appropriate conversation to have with your case child).
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**Assessment of the Children’s Needs:** Assess the children’s situation, express any concerns you may have regarding each area covered in the Current Situation above, and provide explanations for your recommendations. These are your *opinions*, which can be expressed in “I feel” and “I believe” statements. Please write in complete sentences and do not present any new factual information that was not mentioned in the Current Situation section. **Start each anssper with a positive sentence highlighting what is going well for the child in that aspect of their life.**

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| 1. Highlight something positive about the child.
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| 1. What services, if any, will help your children be successful in placement?
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| 1. What extracurricular activities or items, if any, will help your children be successful in day-to-day living?
 |  |
| 1. What, if anything, is needed to assist in the success of your children’s visits with siblings, parents or other family members?
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| 1. Are there family members the child would like to have contact with?
 |  |
| 1. What services, if any, will benefit the health of your children?
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| 1. What services, if any, will benefit the mental health of your children?
 |  |
| 1. What services, if any, will help your children be successful educationally?
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| 7. Are you in agreement with the social services practitioner ’s recommendations regarding permanency? If not, which of the following do you recommend? Why?a. Parental rights be terminated, and adoption be identified of permanent plan.b. Legal guardianship be identified as permanent plan.c. DPSS continue efforts to establish permanency.  |  |
| 8. Do you have a picture of the children we can attach to your Court report? (The photo may include the child’s face as the report is only being shared with the judge and courtroom attorneys; however, due to confidentiality the photo may only consist of the children to whom you are assigned.) |  |
| 1. In your opinion, what is going well for the child and family?
 |  |

**Recommendations:**

Each recommendation needs to be addressed in the Assessment section and the Current Situation section. Your recommendations should always start with “That….” Remember that the judge has little time, so keep recommendations as brief as possible. Keep in mind that we are limited in the recommendations that we can make by the Juvenile Court’s jurisdiction.

1. Custody and supervision of the child
	1. “That Joey remain a dependent of the Court.” (*if adoption or PPLA*)
	2. Or “That jurisdiction for Joey be terminated.” (*if guardianship*)
2. Where the child should be placed
	1. “That Joey remain in his current placement.” (*applicable to all plans*)
3. Services for the child (*not applicable to guardianship*)
	1. “That Joey continue to receive individual therapy.”
	2. “That Joey undergo a psychological evaluation,” etc.
4. Permanent Plan
	1. “That parental rights be terminated and adoption identified as the permanent plan.”
	2. “That Ms. Jones be granted guardianship.”
	3. “That DPSS continue to make efforts to establish permanency for Joey.”
	4. “That planned permanent living arrangement be identified as the permanent plan.” **Please note: This recommendation can only be used for children 16 or older.**