**Child’s Name:**

**Petition Number:**

**Child’s Date of Birth:**

**Hearing Date:**

**Hearing Type:**

**Date CASA was assigned to case:**

**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. Always remember: record WHO provided you with the information you are describing, and WHEN you spoke with that person.**

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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. 2. Write the date of current placement and number of residencies as an NMD. |  |
| 1. Write at least 2-3 sentences describing the young adult (age, interests, personality, positive attributes, goals, etc.). **This section should be positive!** 2. In what, if any, extracurricular activities or hobbies is the young adult active? |  |
| 1. How many visits have you had with the young adult 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 together? 3. How is the young adult’s behavior during visits? |  |
| 1. Comment on the young adult’s maturity level, ability to self-advocate, ability to access and use community resources, and how prepared are they to begin to live independently. Be factual and use specific examples. |  |
| ***PLACEMENT:***  ***This information should be largely based on your observations and conversations with the young adult. ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** |  |
| 1. Where is the young adult currently living? How are they doing there? Describe the home. Are there other people living there? Does the young adult get along with the other people in the home? Please include all placements over the last reporting period. 2. Describe any problems with the living arrangement. |  |
| 1. Have all living options been explained to the young adult? Has the young adult attended transitional housing program (THP) orientations/tours? 2. Where does the young adult want to live? |  |
| ***CONTACT WITH SIBLINGS AND RELATIVES:***  ***Speak with the social services practitioner and the young adult to gather this information.*** |  |
| 1. Does the young adult have any contact with siblings or relatives? If so, describe. 2. Comment on the biological parents’ current ability and willingness to provide care for the young adult. 3. Please describe any healthy relationships or long-term connections the young adult has with other adults or family members. |  |
| ***MEDICAL & THERAPEUTIC INFORMATION:*** |  |
| 1. Describe any medical or dental concerns. Is the young adult up to date on medical and dental exams? Does the young adult know how to schedule a medical or dental appointment on their own? |  |
| *\* The below information should be derived from social services practitioner only. Do not discuss with children.*  17. Has the young adult received the requisite reproductive and sexual health curriculum or education? Has young adult 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.  OR  On 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 twelfth grade in MONTH YEAR. |
| 18. Did the young adult experience any barriers to medical access?  *Tip: Example may include access, transportation, etc.* |  |
| 1. Is the young adult in therapy? If so, with whom and how often are they attending? 2. According to the therapist, what are the young adult’s therapeutic goals and what progress has been made towards meeting those goals? Please note when you spoke with the therapist. 3. Describe any concerns or positive feedback provided by the therapist. |  |
| 1. Is the young adult a client of the Inland Regional Center? 2. If so, please describe the services the young adult is receiving and the progress being made. Describe your conversations with any service providers, and include any concerns or positive feedback from the provider(s). |  |
| ***EDUCATIONAL INFORMATION:***  ***This information should be largely based on your conversations with teachers and school staff (if the young adult is still in high school), and the young adult.*** |  |
| 1. Is the young adult in high school, college or a vocational school? 2. Is the young adult receiving special education services, such as an IEP (individualized education program) or 504 plan? If so, what are the qualifying disabilities and program services? 3. If in high school, how many credits does the child have and are they on track to graduate? Are they on a diploma track or a certificate of completion track? |  |
| 1. Describe academic progress since the last court hearing. Are there any gaps in the young adult’s education? Include your observations and observations from teachers/school staff. 2. What are the young adult’s goals after high school? |  |
| 1. Does the youth have plans for higher education? If so, what are they? What resources or counseling has the youth received about financial aid and loans? Has the young adult completed any loan applications to your knowledge? |  |
| ***ADDITIONAL INFORMATION:***  ***This information should be largely based on your conversations with the young adult.*** |  |
| 1. Does the young adult have a job or do they want to start looking for a job? |  |
| 1. Does the young adult have a checking and/or savings account? |  |
| 1. Is the young adult participating in independent living program (ILP) services? If so, when did you speak with the ILP worker? Describe the services in which s/he is participating. |  |
| 1. Does the young adult have a California identification card, Social Security card, and copy of their birth certificate? If no, why not? |  |
| ***EXTENDED FOSTER CARE:*** |  |
| 1. What criteria does the young adult meet to be eligible for EFC (Extended Foster Care)? |  |
| 1. **Important:** Ask the social services practitioner what their recommendations will be and list them here. |  |
| ***OTHER:*** |  |
| 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 NMD 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 NMD 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 NMD may be grieving relationships that have been disrupted by their time in foster care?   1. Ask your NMD if there is anything they would like you to tell the Court? |  |

**Assessment of the Young Adult’s Needs:** Assess the young adult’s situation, using *opinions*, which can be expressed in “I feel” and “I believe” statements, and should be based on the facts presented above. Write a brief summary and give opinions / list concerns regarding each area covered in the Current Situation above. Please write in complete sentences and do not present any new factual information that was not mentioned in the Current Situation section. **Start each answer 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 young adult. | |  |
| 1. What extracurricular activities or items, if any, will help the young adult be successful in day-to-day living? | |  |
| 1. What services, if any, will help the young adult be successful in placement? | |  |
| 1. What, if anything, is needed to assist in the success of the young adult’s visits with siblings, parents or other family members? | |  |
| 1. What services, if any, will benefit the health of the young adult? | |  |
| 1. What services, if any, will benefit the mental health of the young adult? | |  |
| 1. What services, if any, will help the young adult be successful educationally? | |  |
| 1. Are you in agreement with the social services practitioner’s recommendations? If no, why not? | |  |
| 9. Do you have a picture of the NMD we can attach to your Court report? *(The photo may include the NMD’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 NMD you are assigned to.)* |  | |
| 10. In your opinion, what is going well for the young adult? |  | |

**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.

1. Custody and supervision of the young adult
   1. “That Joey remain under the Court’s jurisdiction as a nonminor dependent.”
2. Continue to make recommendations that you feel will improve the young adult’s quality of life and chances for a successful transition.