



## CASA MONTHLY MONITORING REPORT

**In accordance with policy regulating the monthly reporting of case activity to ensure proper monitoring of CASA cases, please complete this form and forward it to the CASA office no later than the 10th of the following month. If you have any questions or concerns, please do not hesitate to contact the office. *Thanks for your continued advocacy and commitment to the abused and/or neglected children in our community!***

Reporting Month: \_\_\_\_\_ Hours Devoted this Month: \_\_\_\_\_

CASA Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Parent/Foster Parent/Caregiver: \_\_\_\_\_

Placement Address: \_\_\_\_\_

Placement Phone Number: \_\_\_\_\_

Where Are Children Attending School? \_\_\_\_\_

Number of Contacts with the following parties:

Child     Child's Parents     Foster Parent/Guardian     Primary Care Physician     Other  
 GAL     DSS     Mental Health Counselors     School Personnel     Court Hearing

Current Status of Child(ren): Please be specific regarding health, school, and emotional well-being or any considerations relative to the placement or needs to the child in accordance with the established plan.

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Please list any barriers you may have which hinder your ability to effectively advocate for your child (ren)? \_\_\_\_\_

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Would you like the CASA staff to contact you about your case? \_\_\_\_\_

Do you have any training suggestions that you would like to share with the CASA staff? \_\_\_\_\_

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**THIS FORM MAY BE FAXED, EMAILED OR DROPPED OFF**  
**PO Box 638 1345 Court St. Suite 1625, Portsmouth, VA 23705**  
 Telephone: 757-397-2799 x 2    Fax: 757-393-8995    Email: [portsmouthcasa@fopjc.org](mailto:portsmouthcasa@fopjc.org)