

CASA OF TERREBONNE MONTHLY REPORT FORM

Please remember that activity forms are due by the **1st of every month**. **Volunteers should calculate statistics from the 27th to the 26th**. We need the forms in on time for our monthly reports to LACASA. Call the CASA office at 876-0250 if you've any questions.

Advocate Name: _____ Month Reporting: _____ Year: _____

Docket # _____ Case Name: _____

Has Placement Changed This Month? YES NO

If Yes,
Explain: _____

Are Siblings Placed Together? YES NO

If Not, Why? _____

Has The DCFS Caseworker Changed This Month? YES NO / If Yes, How Many Times _____

Any Re-abuse? Please Explain Type And Nature Of Abuse _____

Track the amount of time you spent this month on your case.

CONTACT	# of face to face contacts	Amount of TIME: Face to face ONLY	# Phone Calls	# Letters/Emails	Amount of TIME: OTHER ONLY	Mileage
Child(ren) (per child) (ie, 2 children seen 2x= 4)						
Biological Parents						
Foster Parents						
Relatives						
Collaterals (teachers, counselors, physicians, etc.)						
DCFS Staff						
Advocate Supervisor						
TOTALS:						

Total approximate other time contributed to working the child's case this month: _____ hours

**please include all report writing, travel time, court, meetings, etc.*

Total In-Service Training Hours: _____

Please list the date, format (i.e. book, video, TV program, internet, Seminar, CASA In-Service, etc.) and subject matter for each credit earned.

Date: _____ Format: _____ Subject: _____ HRS: _____

Date: _____ Format: _____ Subject: _____ HRS: _____

Date: _____ Format: _____ Subject: _____ HRS: _____

I read the CASA of Terrebonne Monthly Newsletter check box if applicable

Children Seen

Child's Name	Face to Face	Time Spent

Check all that apply for this month:

- Attended Court hearing
 Located Family Resources
 Psychological Advocacy
 Wrote a Court Report
 Attended a Staffing/FTC
 Medical Advocacy
 Requested a Hearing
 Other:
 Educational Advocacy
 Placement Intervention
 Testified in Court

This space is available to explain any boxes checked above. Include specific information (i.e. dates or outcomes) related to your involvement.

Advocate Signature: _____ Date: _____

I am making a life-long difference for this child!

CASA of Terrebonne
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 985-876-0250