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**305 West Chesapeake Ave. Suite 117**

**Towson, MD 21204**

**410- 828-0515**

**CASA COURT REPORT**

**Reporting Period from:**

**CASA Appointment:**

**Court Hearing:**

**Date CASA report completed:**

**CHILD’S NAME: DOCKET NO.: DATE OF BIRTH:**

1. **CASA ACTIVITIES**
   * **Records Reviewed**
   * **Child / Family Contacts**
   * **Collateral Contacts**
2. **FINDINGS**

**1. Background Information**

1. **Reason Child Came into care**
2. **Placement History**

**2. EDUCATIONAL ISSUES:**

**3. MEDICAL ISSUES:**

**4. PSYCHOLOGICAL ISSUES:**

**5. FAMILY/SIBLING VISITATION:**

**6. CASA’S IMPRESSIONS OF THE CHILD:**

**7. COURT STIPULATIONS:**

**8. PERMANENCY PLAN:**

**9. CHILD’S WISHES:**

**C: RECOMMENDATIONS:**

**1.**

**2.**

**3.**

**4.**

**Respectfully submitted:**

**CASA Volunteer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CASA Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Preparation:**