**GUARDIAN *ad Litem* REPORT TO COURT**

**CASA KANE COUNTY**

**CASE NUMBER(S)**: **TEMPORARY CUSTODY DATE**:

**ADJUDICATION DATE:**

**HEARING DATE**:

**PURPOSE OF HEARING**: Disposition

**IN THE MATTER OF:** *Oldest child listed first*

DOB AGE

First Name Last Name

First Name Last Name

**INTERVIEWED:** *Listed in alphabetical order by last name*

First Name Last Name Identification *Relationship to children*

**REPORTS and MATERIALS REVIEWED:**

*This should be the date the report was created and the name.*

|  |
| --- |
| **DATE OF REPORT / TITLE** |
| 08/29/2017 – Client Service Plan |
| 10/06/2017 – Individual Education Plan |

**DATES OF CHILD VISITS:**

First Name Last Name Dates of visits since last court hearing *- indicate in person or virtual*

First Name Last Name Dates of visits since last court hearing - *indicate in person or virtual*

*If a child visit is not completed, good cause must be provided such as minor refuses visit, minor on run, minor is ill, etc. Identify if visits were in person or virtual.*

**ICWA:** This case does or does not have Indian Child Welfare Act involvement.

*If there is ICWA involvement, detail who identified Native American heritage and when that information was provided, and all known follow-up completed by DCFS/SAO.*

**CASE HISTORY:**

*A brief factual history of what brought the case into care.*

**FOSTER PLACEMENT HISTORY:** *Current placement listed first*

Child First Name Last Name Placement 2 Foster First Name Last Name Type When to Present

Placement 1 Foster First Name Last Name Type When to When

Child First Name Last Name Placement 1 Foster First Name Last Name Type When to Present

*Placement Type = Relative, Fictive Kin, Traditional, ILO, etc. Also, describe the relationship of the placement to the parents/family. For example, Relative – Maternal Aunt*

**FINDINGS R ELATED TO THE CHILD:**

*Information should be included for each heading listed below.*

**First Name Last Name** (age)

Child Description and Developmental Observations

Placement/Living Situation

Daycare/School

Medical and Health

*Immunizations, Dental check-ups, optometric, chronic medical conditions, medical appointments, current prescriptions, any psychiatric diagnosis etc.*

Services

*Counseling, life skills / mentoring services, substance abuse, occupational and physical therapy etc.*

Visitation (with parent[s] and with sibling[s])

**FINDINGS RELATED TO THE PARENT:**

*Information should be included for each of the heading listed below:*

**First Name Last Name** (title)

Living Situation

*Include description of who else is living in the home*

Employment

Medical/Mental Health Diagnosis

Services

*Include referrals made, started, attended, not attended, progress*

Visitation

*Include obstacles to visitation, i.e., transportation*

**MEDIATION REVIEW:**

CASA/GAL identifies the following issues that may be appropriate for Mediation:

1. Issue One
2. Issue Two

**OR**:

There are no identified issues for Mediation at this time.

**RECOMMENDATIONS:**

1. Minor be made a ward of the court.
2. Custody and guardianship should be granted to \_\_\_\_\_\_.
3. The court should consider the permanency goal of \_\_\_\_\_\_ for the minor.
4. The Client Service Plan and services are (are not) appropriate.
5. Parent / child visitation should be supervised (unsupervised).
6. Other recommendations to be focused on.

Respectfully submitted by CASA/GAL: First Name Last Initial Date: