

COURT PROCEEDINGS

Case Name: _____

Case No.: _____ Judge/Master: _____ Date: _____

Proceeding: PC PTC ADJ DISPO PERM 1-YR EXT OTHER: _____

Present: AG _____ SW _____ GAL _____ CASA _____

MO _____ FM _____ FA _____ FF _____

TRIBE _____ OTHER _____

OTHER _____ OTHER _____

AG: _____

GAL/CASA: _____

MO/FM: _____

FA/FF: _____

TRIBE: _____

OTHER: _____

CONTACT SHEET

Child(ren)'s Name(s): _____

GAL: _____

Date: _____

Address: _____

Contact Name: _____

Phone: _____

Present at Visit: _____

HOME VISIT TOPICS CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Attitude to caregiver | <input type="checkbox"/> Health |
| <input type="checkbox"/> Caregiver's attitude to child | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Relations w/ siblings | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Relations w/ foster siblings | <input type="checkbox"/> Eating habits |
| <input type="checkbox"/> Any others in home? | <input type="checkbox"/> Hygiene/Toileting issues |
| <input type="checkbox"/> Alternate care providers | <input type="checkbox"/> Cultural issues |
| <input type="checkbox"/> Visitation with parents | <input type="checkbox"/> School |
| <input type="checkbox"/> Visitation with siblings | <input type="checkbox"/> Relations with peers |
| | <input type="checkbox"/> Outside interests/activities |

TO DO:

NOTES:



