CAPITAL CITY CASA--Advocate Activities

Case Name:_____
Case Name:_____
Case Name:_____
Advocate Name:_____
Month and Year of Activity:_____
(Please complete one sheet for each month)

Case Number:_____
Case Number:_____
Case Number:_____
Date Submitted:_____
(Please submit by the 5th day of the month following the month of activity)

Child	**Date**	**Contact Codes***	**Activity Codes***	**Time Spent** *(¼ hour)*	**Mileage** (*for your records)*	**SUMMARY***

***CONTACT CODES**
1- Face-to-face
2- E-mail
3- Phone
4- Written
5- Other

***ACTIVITY CODES**
1-Child contacted
2- Biological parents contacted
3- Relatives contacted
4 -Foster parents contacted
5- Case Manager/GAL contacted
6- Collaterals contacted *(schools, counselor, child care, etc.)*
8- Attended FST
9- Attended Court hearing
10- CASA Office contacted
11- Wrote reports
12- Other *(review files)*

***SUMMARY**
Summary should include brief one sentence description of interaction.

Continuing Education *(identify training completed, including time spent to the nearest ¼ hour)*
Topic:_____Date:_____Time:_____
Topic:_____Date:_____Time:_____
***Have training ideas? Tell us*:**_____