



CASA- Please Complete:

Therapist/Counselor Name: _____ Therapist Email: _____

Child's Name: _____ Child's DOB: _____

CASA's Name: _____ CASA's Email: _____

The 19th Judicial Circuit of Cole County appoints Court Appointed Special Advocates (CASAs) pursuant to section 210.160.5. I have been appointed as the CASA for the above named child. I am required to independently gather information about the child's past and current circumstances and report to the Judge. I am asking for your assistance. Please complete this form and return it to the email provided above.

Therapist- Please Complete: Today's Date: _____ I am in private practice I work for: _____

This child was first seen by me on: _____

Child's sessions are to take place: Daily 2 x per week Once a week Bi-monthly Monthly As necessary

Please list family members and/or others included in sessions:

Types of sessions (please check all that apply): Individual Group Family Other: _____

Child's attendance: Excellent Good Fair Poor Family/Parent attendance: Excellent Good Fair Poor

Comments about attendance:
(space limited to box)

Diagnoses:

Treatment plan:
(space limited to box)

Progress:
(space limited to box)