**STATUS HEARING REPORT WRITING GUIDELINES**

**CASA KANE COUNTY**

**For Advocate Supervisor Use Only** – GAL Volunteer does not complete this section. Leave blank.

**For GAL to Complete** – GAL Volunteer completes all the information for this section.

**1. Heading**

* Case Number(s)
* Hearing Date - date scheduled for the Status Hearing
* Purpose of Hearing - should be based on the purpose of the Hearing
* Example: Status of Services, Status of Placement, etc.

**2. Child Section**

* Children listed in birth order from oldest to youngest
* Use full name, ex. Robert Price
* Date of birth
* Age of child, as of the date of the hearing, calculated to nearest year
* calculate in months for children under two years of age (listed as 1-24 months)
* Include Mother and Father (if applicable), and if the Father is Legal, Putative or N/A
* If there is no Mother or Father, enter “N/A” in the appropriate box

**3. Foster Placement History**

* For each child, list Name, Placement No., Foster Parent Name, Type, and Dates of Placement
* Types of placements include:
* Relative – include relationship to the child, ex. Relative – Maternal Aunt
* Fictive Kin
* Traditional
* ILO (Independent Living Option)
* TLP (Transitional Living Program)
* Residential Facility
* Hospital
* Group Home
* Shelter
* On Run
* Agency Office
* Other (provide name or description)
* List current placements first
* List when the placement started and ended (or “until present” if the placement is still active)
* If multiple children in the case, list placements from oldest to youngest child

**4. Findings for Children and Overview for Parents – General Instructions**

* Describe events, observations, and other information relating to specific topics
* Include specific examples of what happened, what you observed (behaviors and interactions), and what others said on your visits/during phone calls, etc.
* Written in paragraph format
* Include strengths and concerns where necessary
* Use non-judgmental and unbiased language
* For all, cite the source for the information
* example: “Mary Flinn, Middle School Teacher, shared that Ben received all A’s this term.”
* Do not provide full names of foster parents; first name and last initial only
* Do not include names of other children in the foster placement; do include their ages
* When referring to people, include the relationship (e.g., Maternal Aunt, Paternal Grandmother) for the first use, then refer to them as First Name Last Initial for foster parents, and Mr./Ms. Last Name for others throughout the balance.
* example: Anne F., Foster Mother; then Anne F. throughout
* example: Kathy Price, Mother; then Ms. Price throughout
* example: Bob Johnson, Caseworker; then Mr. Johnson throughout

**5. Findings for the Child(ren)**

* Select only the topic that you are reporting on at this Status Hearing
  + Placement/Living Situation
  + Daycare/School
  + Medical and Health
  + Services
  + Visitation with Parent(s)
  + Visitation with Sibling(s)
  + Additional Information
* Placement/Living Situation
* safety concerns, does the child have their own bed, has the child commented that they like/dislike the home, what is their schedule, are they sleeping/eating well, are they engaged/bonded with the family, etc.
* Daycare/School
* attendance, behaviors, socialization, grades
* Medical and Health
* immunizations, dental check-ups, optometric, chronic medical conditions, medical appointments, current prescriptions, psychiatric diagnosis, etc.
* Services
* referrals made, started, attended or not attended, progress, goals
* Visitation
* with parents – how often are they supposed to occur, how often are they occurring, behaviors during and after visits, what is the child reporting to you, do they enjoy the visits, what types of activities do they do with their parents, are the parents engaging with the child appropriately (this would come from the caseworker, or observed by the volunteer during parent/child observations)
* with siblings – how often are they supposed to occur, how often are they occurring, do they enjoy seeing siblings, what type of activities do they do

**6. Overview for the Parent(s)**

* Select only the topic that you are reporting on at this Status Hearing
  + Services or Referrals (if known)
  + Obstacles to Child Visits
  + Additional Information
* Services or Referrals (if known)
* referrals made, started, attended, not attended, progress, goals
* inquire casually when speaking with parent; do not reach out to caseworker or service provider for this information; report what you know, or document the detail is unknown
* Obstacles to Child Visits
* transportation, employment, etc.
* Additional Information
* relevant details not appropriate for the first two categories

**7. Recommendations**

* Recommendations should be:
* previous recommendations that have not been addressed, services that have not started, and/or new recommendations being made
* supported by facts provided in the Findings for Children and Overview for Parents section
* do not include services that have started and should continue