



ADVOCACY FORM

Case Name _____ Volunteer _____ Date _____

Next Hearing _____ Type of Hearing _____ Report Required _____ Submitted By _____

Dismissal Date _____ Permanency Plan _____

Action Items:

Legal Issues:

Issues	Goals	Tasks	Time Frames

Placement Issues:

Therapeutic Issues:

Educational Issues:

Parent Issues:

Special Needs Issues:

Other Issues:

Last periods measures of effectiveness met? If not, why? _____

Measure of CASA's effectiveness between now and next hearing:
