

Date of Visit: _____

Case Number: _____

Child Advocates of Colorado
INITIAL VISIT/CHANGE OF PLACEMENT ASSESSMENT

GAL: _____

Next Court Date: _____

CW: _____

Phone: _____

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

Birth date(s): _____

Age(s): _____

Caretaker: _____ Relationship to Child: _____

Address: _____

Phone #: _____

Language: _____

PHYSICAL HOME ENVIRONMENT

1. Home/Safety/Concerns: (smoke detectors/wiring/gates/toxic substances/pools/etc.)

2. Members of Household (other children? How is child getting along with them?):

3. Describe child's room:

ADJUSTMENT

1. Length of time in home: _____

2. Adjustment to home (sleeping): _____

3. Child's Disposition/Demeanor/General Emotional Health: _____

4. Quality of relationship to caregiver: _____

5. Is caregiver adequately parenting the child/detail any concerns: _____

6. Child's likes/dislikes regarding activities: _____

7. What are child's favorite foods/how is their appetite: _____

8. Parenting methods regarding discipline (Interview Caretaker): _____

EDUCATIONAL INFORMATION:

1. Name of school/name of primary teacher/name of daycare: _____ =

2. Is this a new school due to the open case? _____

3. Grade level/is the child on target with grade-level? _____

4. Does the child have an IEP or 504 plan? _____

5. Does the child experience any difficulties at school? _____

6. Who is the child's educational surrogate? _____

GENERAL HEALTH INFORMATION

1. Physician – Name/Address/Phone: _____

2. Last Examination – Date/Reason: _____

a. Height: _____
b. Weight: _____
3. Health/Medical Issues: _____

4. Medications – Type/Dosage/Purpose/Side effects: _____

❖ Additional inquiries regarding medication:

- What other approaches have been tried, counseling? Psych evaluation? _____
- What other modes of intervention will also be provided? _____
- Who will monitor ongoing use of medication? _____
- Does the child agree with taking this medication? (if child is of appropriate age) _____
- Can all medications being taken be safely combined? _____

❖ RED FLAGS REGARDING MEDICATION (check box if applicable):

- ☐ 3 or more psychotropic medications being taken at once
- ☐ More than one medication per drug-classification
- ☐ Use of medication for purposes other than primary indication
- ☐ Pediatrician prescribing without psychiatric consent

5. Immunizations – Type/Date: _____
6. Dentist – Name/Address/Phone: _____
7. Last Dental Exam – Date/Results: _____

DEVELOPMENTAL PROGRESS

1. Milestones (on target/delayed)

- a. Gross motor skills: _____
- b. Fine motor skills: _____
- c. Speech/Language: _____

SERVICES

1. Medically fragile or drug exposed infant (if applicable)

- a. High risk infant screening (Child Find Eval): _____
- b. Case Manager (name/number): _____
- c. Diagnosis/Services Provided/Progress: _____

2. Identify the LAN privilege holder: _____
3. Therapeutic services (name/number of therapist/frequency/quality): _____

VISITATION

1. Parental Visitation (frequency/quality of contact/child's reaction): _____

2. Sibling Visitation (frequency/quality/reaction): _____

3. Other Family Contact (frequency/quality/reaction): _____

INTERVIEW WITH CHILD (Ensure that conversation with minor is in private, if applicable)

1. Child's likes/dislikes regarding placement: _____

1. Method of Discipline in Placement: _____

2. Child's likes/dislikes regarding family visits: _____

CONGREGATE CARE FOLLOW UP

1. What are the child's specific needs that necessitate congregate care? _____

2. Why can't the above needs be met in a family setting? _____

3. How will the facility meet those needs? _____

4. Do the services they will provide fall within their scope of practice? _____

5. What specific treatment services will the child receive? _____

CONCERNS RAISED BY CARETAKER

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