

# CASA Wellbeing Checklist

Child Name \_\_\_\_\_

Date these questions are answered/ form is completed \_\_\_\_\_

*(for new cases, within first 3 months of new case assignment*

*(for existing cases, by end of each fiscal year)*

<b>PHYSICAL</b>	<b>CASA actions if NO</b>		
Child status indicators	Recomm ended to the court	Facilitated services outside of court	Achieved
1. Has the child received a yearly medical/health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Does the child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is the child current on his/her immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Has the child received a vision exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
5. Has the child received a hearing exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
6. Has the child received a dental exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			

EDUCATION	CASA actions if NO		
Child status indicators	Recomm ended to the court	Facilitated services outside of court	Achieved
Is the child enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Is the child performing on grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Does the child have an individualized educational plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
For children 13 years or older, Is the child on track to graduate high school or complete GED program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
For children 13 years or older Has the child graduated high school? <input type="checkbox"/> Yes, HS diploma <input type="checkbox"/> Yes, GED <input type="checkbox"/> No			

<b>MENTAL HEALTH INDICATORS</b>	<b>CASA actions if NO</b>		
Child status indicators	Recomm ended to the court	Facilitated services outside of court	Achieved
Has the child received a mental health assessment/evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Is the child receiving counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
<b>TRAUMA INDICATORS</b>	<b>CASA actions if NO</b>		
Child status indicators	Recomm ended to the court	Facilitated services outside of court	Achieved
Has the child been assessed for trauma based counseling / services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (if child is less than 7 years)			Yes No
Did the assessment include recommendation for trauma services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (if child is less than 7 years)			
If trauma services were recommended, is the child is receiving trauma based counseling / services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (if child is less than 7 years)			