

MONTHLY MONITOR REPORT

Date _____

CASE NAME _____ DOCKET NUMBER _____

GAL NAME _____ CASEWORKER _____

DATE OF LAST VISIT WITH CHILD(REN) _____

GAL ASSESSMENT OF CHILD _____

GAL CONTACTS WITH DSS _____

GAL CONTACT WITH PARENTS _____

PARENTAL COMPLIANCE WITH TREATMENT PLAN:

PSYCHOLOGICAL: PARENTS YES _____ NO _____ REPORT RECEIVED _____

CHILD YES _____ NO _____ REPORT RECEIVED _____

COUNSELING: PARENTS YES _____ NO _____ REPORT RECEIVED _____

CHILD YES _____ NO _____ REPORT RECEIVED _____

SUBSTANCE ABUSE: YES _____ NO _____ VERIFIED ATTENDANCE _____

PARENTING SKILLS: YES _____ NO _____ VERIFIED ATTENDANCE _____

PAYING CHILD SUPPORT: YES _____ NO _____ AMOUNT _____ ARREARAGE _____

DATE OF PARENT'S LAST VISIT _____ DATE OF LAST SIBLING VISITATION _____

CURRENT PLACEMENT _____

ARE CHILD'S NEEDS BEING MET IN THIS HOME? _____ (use back or additional sheet)

DO PARENTS/FOSTER PARENTS HAVE CONCERNS THAT ARE NOT BEING ADDRESSED?
(use back or additional sheet)

ANY SCHOOL/DAYCARE CONCERNS? _____

WHAT IS YOUR RECOMMENDATION FOR EACH CHILD'S LONG RANGE PLAN _____

IS DSS IN AGREEMENT? _____