

Monthly Report Form
Athens County CASA/GAL

Volunteer Name: _____ Month: _____

Case Name & Number:

1. Have the child(ren) been moved this month? _____ Yes _____ No

If yes, moved from:

Placed with:

Reason for placement:

_____ Former placement requested move

_____ Child requested move

_____ Alleged abuse or neglect in former placement

_____ Moved from temporary placement

_____ Case closed

_____ Other: _____

2. Current placement:

_____ Own home

_____ Non-Relative Foster Care

_____ Residential Treatment Facility

_____ Relative Placement

_____ Therapeutic Foster Home

_____ Detention Center

_____ Group Home

_____ Independent Living Program

_____ Hospital

_____ Non-Relative Adoption

Other: _____

3. Change in Caseworker this month? _____ Yes: _____
 _____ No

4. Change in GAL this month? _____ Yes: _____
 _____ No

5. Please describe your activities this month (example: phone calls, visits, home visits, review hearings and court hearings, etc.).

Description of Activity	Date of Activity	Estimated Time Spent
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Total Time Spent this Month _____

6. Are there any problems or concerns with your case or your volunteer work that need to be addressed?