



Child Wellbeing Assessment

Volunteer: _____ Case #: _____

Child Name: _____ Date: _____

- **New cases**, must be completed **within the first 3 months** of case assignment
- **Existing cases**, must be completed by the **June 1st each year**

PHYSICAL <i>(required for ALL ages)</i>	CASA actions if No
1. Has the child received a yearly medical/health assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
2. Does the child have health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
3. Is the child current on immunizations? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
4. Has the child received a vision exam? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
5. Has the received a hearing exam? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
6. Has the child a dental exam? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
7. Has all possible been done for child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NOTES:	

EDUCATION <i>(required ONLY for Ages 5+)</i>	CASA actions if No
1. Is the child enrolled in school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
2. Is the child performing on grade level? Yes <input type="checkbox"/> No <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>

3. Does the child have an Individualized Education Plan (IEP)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
4. Has all possible been done for child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NOTES:	

MENTAL HEALTH <i><u>(required ONLY for Ages 5+)</u></i>	CASA actions if No
1. Has the child received a mental health assessment/evaluation? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
2. Is the child receiving counseling services? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
3. Has all possible been done for child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NOTES:	

TRAUMA <i><u>(required ONLY for Ages 5+)</u></i>	CASA actions if No
1. Has the child been assessed for trauma-based counseling/services? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
2. Does the child have a recommendation for trauma services? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
3. Is the child receiving trauma-based counseling/services? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to this child <input type="checkbox"/>	Recommended to the court <input type="checkbox"/> Facilitated outside of court <input type="checkbox"/>
4. Has all possible been done for child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
NOTES:	