

COURT APPOINTED SPECIAL ADVOCATE CRB REPORT
 CASA for Children of Klamath County, 403 Pine Street, 3rd Floor, Klamath Falls, OR 97601 (541)885-6017

| Case No. | | | | | CASA | |
|-----------------------------|-----|-------------------------------|----------------------|---------------|------|--|
| Citizen Review Board | | | | | | |
| Hearing Date | | | | | | |
| Mother's Name | | | | | | |
| ICWA Case (Y/N) | | | | | | |
| Children's Names | Age | Length of Time in Foster Care | Number of Placements | Father's Name | | |
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I understand and agree with DHS's plan for this child.

Yes____ No____

Comments:

Needs and Wishes of the Child(ren):

Wishes of the child(ren).

Placement.

Visitation.

Education.

Psychological.

Medical/Dental.

Child Development.

Other information the Board should consider:

Recommendations in the best interest of the child:

Respectfully submitted,

Court Appointed Special Advocate

cc: Child Welfare Caseworker

Attorney for Child

Attorney for Mother

Attorney for Father

Approved by:

Volunteer Coordinator