Seward County CASA Volunteer Monthly Activities Report…

VOLUNTEER NAME:	JV NUMBER:	PAGE: OF:
CHILD / GROUP NAME:	REPORT MONTH:	DATE SUBMITTED:

Activity Codes:

1=Attended foster care review
2=Attended hearing
3=GAL contacted
4=Biological parents contacted
5=CASA supervisor contacted
6=Case manager contacted
7=Child contacted out of court
8=School personnel contacted
9=Therapist contacted
10=Day Care Provider contacted
11=Attorney contacted
12=Foster parents contacted
13=Relatives contacted
14=Traveled
15=Wrote reports or processed notes
16=Family Group Conference
17=Team Meeting
18=Other

CONTACT CODES:

1 = Face-to-face **2 =** E-mail **3 =** Phone **4 =** Written **5 =** Other

CHILD'S NAME	DATE OF ACTIVITY	ACTIVITY CODE	CONTACT CODE	TIME SPENT	MILES DRIVEN	✓ IF OUT OF COURT

NOTES:

☐ **REQUESTING MILEAGE REIMBURSEMENT**

ENTERED INTO DATABASE BY:	DATE ENTERED:	CHECKED BY:

Revised 7/31/2008