

CASA OF WEST CENTRAL ILLINOIS Child Well-Being Checklist

Child Name _____

Date these questions are answered / form is completed _____

(for new cases, within first 3 months of new case assignment)

(for existing cases, by end of each fiscal year, but every 3 months would be helpful)

PHYSICAL	CASA actions if NO		
Child status indicators	Recommended to the court	Facilitated services outside of court	Achieved
Has the child received a yearly medical/health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the child current on their immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the child received a vision exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has the child received a hearing exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has the child received a dental exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

EDUCATION	CASA actions if NO		
Child status indicators	Recommended to the court	Facilitated services outside of court	Achieved
Is the child enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is the child performing on grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Does the child have an individualized educational plan (IEP)?			

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
For children 13 years or older, is the child on track to graduate high school or complete GED program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has the child graduated high school? <input type="checkbox"/> Yes, high school diploma <input type="checkbox"/> Yes, GED <input type="checkbox"/> No			

MENTAL HEALTH INDICATORS	CASA actions if NO		
Child status indicators	Recommended to the court	Facilitated services outside of court	Achieved
Has the child received a mental health assessment/evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is the child receiving counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

TRAUMA INDICATORS	CASA actions if NO		
Child status indicators	Recommended to the court	Facilitated services outside of court	Achieved
Has the child been assessed for trauma-based counseling / services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (if child is less than 3 years)			
Did the assessment include recommendations for trauma services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (if child is less than 3 years)			
If trauma services were recommended, is the child receiving trauma-based counseling / services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (if child is less than 3 years)			