

# Child Case Follow-Up Form

## PART I: Administrative Information

Survivor Code:

Incident ID:

Caseworker Code:

Date:

Time:

Location:

## PART II: Progress towards Goals

Evaluate Progress made towards GOALS agreed on in the Assessment & Case Action Plan Form

Not  
Met

Met

Explain

Safety

Health Care

Psychosocial Support

Access to Justice

Other (list other goals made here)

Other Observations/Case Worker notes

MAKE SURE ANY ADDITIONAL CONSENT FORMS FOR NEW REFERRALS ARE SIGNED

Incident ID:

Survivor Code:

PART III: Re-Assessing Safety	N	Y	Explain	Additional Intervention Planned
Are there new or continued risks of danger at home?				
Are there any new safety issues the child is facing in the community?				
Other Safety Concerns?				

PART IV: Final Assessment	N	Y	Additional Interventions Planned
<b>a. Child's safety situation is stable</b> Child is physically safe, and/or has a plan to keep him or her physically safe			
<b>b. Child's health situation is stable</b> Child has no medical problems that require treatment			
<b>c. Child's psychosocial wellbeing has improved</b> Child is engaging in regular behavior, can smile and feel happy, has a safe person to talk to			
<b>d. Family situation is stable</b> Child happy and comfortable at home, caregivers not blaming child			
<b>e. Access to Justice secured (if applicable)</b>			
<b>f. Other Intervention Needed</b>			

Follow up meeting is scheduled for (date/time/location): \_\_\_\_\_

MAKE SURE ANY ADDITIONAL CONSENT FORMS FOR NEW REFERRALS ARE SIGNED