

CASA CASE DEMOGRAPHIC SURVEY

Child's Name: _____

Case No. _____

Gender (Self Identified):

Male Female Other Please specify: _____

Race (Self Identified):

American Indian Or Alaska Native Native Hawaiian or other Pacific Islander
 Asian White non Latino or Caucasian
 Black or African American Multiple Races
 Hispanic or Latino Other Please Specify: _____

Primary Language: _____ Secondary Language: _____

Does this child have any identified disabilities? Yes No

If yes, please describe: _____

Does this child have an Individual Education Plan through their school?

Yes No

Please check all applicable major case issues:

<input type="checkbox"/> Abandonment	<input type="checkbox"/> Juvenile Criminal Offense	<input type="checkbox"/> Parent Substance Abuse
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Medical neglect	<input type="checkbox"/> Heroin
<input type="checkbox"/> Educational neglect	<input type="checkbox"/> Mental illness/Child	<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Mental illness/Parent	<input type="checkbox"/> Physical illness/parent
<input type="checkbox"/> Failure to Thrive	<input type="checkbox"/> Neglect	<input type="checkbox"/> Physical illness/child
<input type="checkbox"/> Housing	<input type="checkbox"/> Parent Incarceration	<input type="checkbox"/> Prior court involvement
<input type="checkbox"/> Juvenile Status Offense	<input type="checkbox"/> Parent Developmental Disability	<input type="checkbox"/> Sexual abuse

This sheet is required for statistical reporting.

Please fill out completely and return to the CASA office after your first visit with the child. (Warren County CASA Program, 900 Memorial Drive, Lebanon OH 45036)