

CAUSE NO. XX-XX-XXXXX CV

IN THE INTEREST OF § IN COUNTY COURT
§
CHILD'S NAME § AT LAW #3
List every child on the case §
CHILD/REN § MONTGOMERY COUNTY, TEXAS
§
§

**GUARDIAN AD LITEM COURT REPORT
(Type of Hearing – Date of Hearing)**

INTRODUCTORY INFORMATION

Child's Name:	DOB:	Type of Placement:
Child 1	DOB	Foster, RTC, Etc.
Child 2	DOB	Foster, RTC, Etc.

Date in Custody: Date	Date GAL Reviewed CPS File: Date
Date Assigned to Child Advocates: Date	Date All Parties Notified: Date

REASON CHILD CAME INTO CARE:

Summary of why children were brought into care. Three to four sentences long.

Permanency Goal: This is the Department's goal.
Concurrent Goal: This is the Department's goal.

SERVICE REQUIREMENTS AND PROGRESS:

- Mother: Mother's name**
- Use bullet points to list the service plan requirements. Note which services are completed, in progress, or not completed. Discuss this with parent and/or parent's attorney and confirm with CPS caseworker.
 - If parents are not working services, let their attorney know.
 - List any meetings attended and results of the meeting.
- Father: Father's name**
- Same as above.

PLACEMENT:

- List where the child is currently placed (foster home, relative home, RTC, group home, etc.) Do not list any names of foster parents or relatives.
- List how long the child has been in the current placement.
- Explain how the child is doing in the current placement.
- Are the physical and emotional needs of the child being met in the current placement?
- Are siblings placed together? If not, why? If not placed together, what efforts are being made to get them in the same placement, if appropriate?
- Note any observations or concerns about the current placement.

KINSHIP CONNECTIONS:

- Identify any known relative or fictive-kin connections.
- Add any efforts to locate relatives or fictive kin.
- Has a home study been ordered on any relatives? If so, what were the results and recommendations?

VISITS:

Advocate/Child Visits:

- List dates and place of visits between Advocate and the child.
- Note any observations or concerns.

Parent/Child/Sibling Visits:

- List dates and place of visits between parent/child/siblings. Is visitation adequate/realistic?
- Note any observations or concerns.

EDUCATIONAL:

- Include type of school (preschool, public elementary school, private high school, etc.) current grade, progress reports, academic functioning, and any special needs.
- List any meetings (ARD, etc.) including date and who attended.
- Do not list name of school.

MEDICAL:

- List date of any assessments and diagnoses.
- List medications and amounts.
- Is child in counseling? If so, how are they progressing?
- Are immunizations up-to-date?
- Any dental needs?
- Are all medical needs being met?

ADVERSE CHILDHOOD EXPERIENCES SCORE (ACEs):

- Use the ACE calculator provided by the Advocacy Specialist to determine each child's ACE score.
- Do not interview the child. Take the test using what you know of the child's history.

FAMILY STRENGTHS:

- List strengths of the family, including the parents.
- Every family has a strength.

CONCERNS:

- List any concerns since the last court hearing.

CHILD/REN’S WISHES:

- List any wishes of the children served based on your observations (if an infant or young child) and/or what the child has shared with you.

RECOMMENDATIONS FOR THE BEST INTEREST OF THE CHILD/REN:

- Recommendations should address your concerns and/or issues that you have at the time of writing the court report that have not been addressed.
- Only recommend services that have not been previously court-ordered.
- State whether you are in agreement with the Department’s goals. If not, what is your recommendation.
- State whether you are in agreement with the placement. If not, what is your recommendation?

PERSONS CONTACTED: Only list dates since the last court hearing

Name	Relationship	Type	Date
Child’s Name	Child	Face-to-face, Phone, Email, and/or Text	XX/XX/24
Foster Parent, RTC, etc. List type of placement, do not include names	Placement	Face-to-face, Phone, Email, and/or Text	
CPS Caseworker’s Name	CPS		
AAL’s Name	AAL		
Advocacy Specialist’s Name	Advocacy Specialist		
Parent’s Name	Mother or Father		
Other contact names (doctor, counselor, etc.)			
Teacher/School counselor. Do not include teacher’s name.	Teacher		

Respectfully submitted,

Advocate’s Name _____ **Date** _____
Guardian Ad Litem

Specialist’s Name _____ **Date** _____
Child Advocates Advocacy Specialist