

**IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR, LEON COUNTY
FAMILY LAW DIVISION**

IN THE INTEREST OF:

CASE NO:

DOB:

DOB:

Child(ren)

_____ /

GUARDIAN AD LITEM REPORT TO THE COURT

Guardian ad Litem:

Type of Hearing:

Date of Hearing:

Case Plan Goal:

Length of time child in out of home care:

Number of placements:

Recommendations:

- A. Placement:**
- B. Services needed for the child:**
- C. Visitation:**
- D. Permanency:**
- E. Other** (should include any outstanding specific case plan tasks that you think are important enough to include in both the recommendation and case plan sections and any other critical issues in the case)

Child's Wishes:

- A. Child's wishes re:**

Timeline to permanency:

- A. Shelter(s) Date** (should include brief reason for removal, i.e physical abuse, substance abuse, domestic violence etc)
- B. Adjudication of Dependency Date** (Trial or consent as to parent):
- C. Current Case Plan Acceptance Date** (There may be more than one date included in this section if the mother and father(s) have different case plans that were accepted at different times. You can also include the number of case plans that have been accepted by the court if it is more than one)
- D. Case Plan Expiration Date**

Child (ren) status:

This section should begin with a short narrative about the child's current status. At a minimum, this section must include date GAL last visited child and information on the following 5 areas (if applicable). *The questions listed below are meant to act as prompts for the writer to consider in each case and should be answered in a narrative format.*

Placement History/Disruption:

- How long has child been in current placement?
- How is the child adjusting to his/her current placement?
- Has the child had multiple placements and if so is there a common reason for the breakdown of these placements?

Mental/Medical Health (special needs/disabilities) (if applicable):

- Does the child have a mental health diagnosis and if so, what is it?
- Is the child participating in therapy or any other services related to this mental health diagnosis?
- Is the child currently on any medications? (Include name, dosages and start dates).
- What effects has the medication had on the child? (note both behavioral effects and side effects)
- What is the monitoring plan for the child's medication? (include date of last evaluation/next medication management date)
- Does the child have any medical needs and are they being met?
- Does the child currently receive any type of social security benefit?

Education/Daycare (if applicable):

- How is the child doing in school and or daycare/preschool; Is the child performing at grade level; Are the child's educational needs being met? Are there any additional services needed?

Independent Living (if applicable):

- Does the child qualify for Independent Living Services and if so, what services is the child receiving?

Case Plan Progress:

- A. Current case plan acceptance date and goal**
- B. Mother's Progress on case plan tasks**
- C. Father's Progress on case plan tasks**

Sources contacted/consulted:

This should be a list of critical sources consulted (i.e. the child, the custodian, the parents etc.)

Summary/Assessment (optional):

This section should contain information that is reflective of your recommendations to the court.

Respectfully Submitted,

/s/
Guardian ad Litem
Guardian ad Litem Program

/s/
Case Coordinator/Volunteer Supervisor
Guardian ad Litem Program

Date _____