

**IN THE CIRCUIT OF THE FIFTEENTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR PALM BEACH COUNTY**

IN THE INTEREST OF:

DIVISION:

DOB:

CASE NO.:

_____/_____
Minor Child.

GUARDIAN AD LITEM REPORT TO THE COURT

- Guardian ad Litem:**
- Type of Hearing:**
- Date of Hearing:**
- Date of Report:**
- Case Plan Goal:**
- Length of time child in out of home care:**
- Number of placements:**

I. RECOMMENDATIONS

- A. Placement:**
- B. Services needed for the child:**
- C. Visitation:**
- D. Permanency:**

II. CHILD'S WISHES

III. TIMELINE TO PERMANENCY

- A. Shelter Date(s):**
- B. Adjudication of Dependency Date:**
- C. Current Case Plan Acceptance Date:**
- D. Case Plan Expiration Date:**

IV. CHILDREN'S STATUS

A. Placement History/Disruption:

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

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

- 1. Does the child have a mental health diagnosis and if so, what is it?**
- 2. Is the child participating in therapy or any other services related to this mental health diagnosis? Is the child currently on any medications? What effects has the medication had on the child? What is the monitoring plan for the child's medication? Does the child have any medical needs and are they being met?**
- 3. Does the child currently receive any type of social security benefit?**

C. Education/Daycare (if applicable):

- 1. How is the child doing in school and or daycare/preschool?**
- 2. Is the child performing at grade level?**
- 3. Are the child's educational needs being met?**

D. Independent Living (if applicable):

- 1. Does the child qualify for Independent Living Services and if so, what services is the child receiving?.**
- 2. Does the youth have a SS card?**
- 3. Does the youth have a Florida ID?**
- 4. Does the youth have a copy of his/her Birth certificate?**
- 5. Does the youth have his/her Medicaid Card?**
- 6. Does the youth have a bank account?**
- 7. Does the youth attend Independent Living Workshops?**
- 8. Does the youth have a job? Does he/she want to have a job?**
- 9. What is the youth's educational plan past 18?**
- 10. What is the youth's living plan at 18? What are the youth's interests? What extracurricular activities does the youth participate in?**
- 11. Has master trust account?**

V. 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:

D. Sources contacted/consulted:

VI. SUMMARY/CONCLUSION:

Respectfully Submitted,

Guardian Ad Litem

Child Advocacy Coordinator
Guardian ad Litem Program