11th Judical Circut
Guardian Ad Litem Program
3302 NW 27th Avenue
Miami, Florida 33142
Tel: 305-638-6861
Fax 305-638-6017

Case # _____
Name of Child _____
DOB/Age _____
GAL Name _____

MONTHLY REPORT - HOME VISIT

PLACEMENT

☐ Shelter ☐ Foster Home ☐ Relative ☐ Other

Date of Visit _____ Number of Adults in home _____ Number of children _____

Condition of home _____

_____

STATUS OF PLACEMENT:

MEDICAL NEEDS:

Condition of child/children: Poor ☐ Fair ☐ Good ☐ Excellent ☐
Immunization current? Yes ☐ No ☐ Last doctor's visit _____
Comments: _____

_____

EMOTIONAL NEEDS:

Does child need counseling? Yes ☐ No ☐
Does child attend counseling Yes ☐ No ☐ Where: _____
With whom: _____
Frequency: _____

Comments: _____

_____

_____

EDUCATIONAL NEEDS:

Teacher's name: _____ Special placement: _____
Present grade: Day care: Yes ☐ No ☐ After school care? Yes ☐ No ☐

Comments: _____

_____

_____

PROGRESS/DEVELOPMENT:

Suggested services: _____
Child's wishes/concerns: _____
Child want to come to court? yes ☐ no ☐
Additional comments: _____

_____

GAL Signature: _____