



430 North Canal Street • Lawrence, MA 01840 • Ph: 978-327-6615 • Fax: 978-327-6601 • www.essexcountycasa.org

ADVOCATE MONTHLY SUPERVISION REPORT
(Submit by the 5th of the Month)

MONTH: _____

VOLUNTEER NAME: _____

SUPERVISOR: _____

CASE NAME: _____

NEXT FOSTER CARE REVIEW: _____

NEXT COURT HEARING: _____

List placements of child/children (if this is a new placement, indicate placement date)

| Child | Foster parents or Placement name, Address and phone number | Placement date (if new) |
|-------|--|-------------------------|
|-------|--|-------------------------|

TOTAL HOURS SPENT ON CASE THIS MONTH:* _____ hours

TOTAL MILES:* _____ miles

*These numbers should include *ALL hours and miles* associated with your case. This will include, visits, meetings, court appearances, travel to and from meetings, court report writing, supervision, phone and email contact, reading records, requesting records, and any other time that is spent gathering information on your case. The miles are from door to door (to the venue of the meeting, visit, training session, records pickup, court appearance, or any other travel related to your case and back to your home).

CONTACTS

DATE

AGENCY

List of meetings/visits attended in the month (If it is a meeting, list the meeting, date of meeting and what child it was pertaining to. If it was a visit, list as child visit, child name, date and location (in home, school, at visitation, daycare or other location you visited the child))

| Meeting | Date | Child Concerned |
|----------------|-------------|------------------------|
|----------------|-------------|------------------------|

| Child Visited | Date | Location |
|----------------------|-------------|-----------------|
|----------------------|-------------|-----------------|

Trainings attended this month (Topic of training, length of training, type of training (web based, in person, book))

Case progress and/or concerns: