



## Court Appointed Special Advocates of Rochester/Monroe County, Inc.

Natalie Copeland – Program Director

Family Court of the State of NY • Hall of Justice, 99 Exchange Blvd. • Room 272 • Rochester, NY 14614-2115  
Phone: 585-371-3981 • Fax: 585-280-5292 • Email: [casa@casarochester.org](mailto:casa@casarochester.org) • Web: [www.casarochester.org](http://www.casarochester.org)

### DAYCARE QUESTIONNAIRE

CASA contact: \_\_\_\_\_ Request date: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

CASA Court assignment sheet or parental consent:  attached  on file in your office

Child's adult resource: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Daycare: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

1. **Please attach** a written record of the progress of this child for the current school year, as well as an attendance record.
2. **Please attach** any IEP plans, 504 plans, and/or educational evaluations or early intervention.
3. Please comment on the behavior of this child in Daycare:

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**(Circle “biological” or “foster” for the following question.)**

4. Please comment on the responsiveness of this child’s biological / foster parent(s) to daycare concerns and activities:

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*Thank you for your assistance.*

*You may fax information to our office (585-280-5292) or email it to [casa@casarochester.org](mailto:casa@casarochester.org).*

5. Is attendance a barrier to this child's academic progress?  Yes  No

6. Is the child meeting all of the Developmental Milestones?  Yes  No

(Speech, gross motor skills, fine motor skills?) If no, please explain:

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7. What is the interaction like between the biological / foster parent(s) and child when the parent drops off and picks up the child?

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8. Do you provide transportation?  Yes  No

If yes, is the child ready when the transportation arrives and is the biological / foster parent(s) there when the child is dropped off?

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9. Do(es) the biological / foster parent(s) engage with staff?  Yes  No

If so, what is the nature of the interaction?

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10. When the biological / foster parent(s) is called because the child is sick or needs to go home, does the parent come and retrieve the child?  Yes  No

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11. What are the normal hours for this child in the program?

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12. How is the child's behavior in the classroom?

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14. Are there any behavioral issues, such as biting, aggression, the ability to share, the ability to problem solve?

Yes       No

If yes, please explain:

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15. Is the child too quiet?       Yes       No

16. Does the child demand a lot of attention?       Yes       No

17. How does the child interact with peers? How does the child interact with adults?

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18. Is the child frequently sick or ill?       Yes       No

If yes, does the child stay home or does the parent send them to day care?

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19. Is the child appropriately clean?  Yes  No

20. Is the child dressed for the weather?  Yes  No

21. Does the child have appropriate supplies?  Yes  No

22. Does the child eat at school?  Yes  No

23. What kind of eater is the child? (Sweets, hoarding, overeating, neat, utensils, etc.)

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24. Describe this child with three adjectives.

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25. Any other comments or concerns?

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