

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 • Web: 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:

(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:

Thank you for your assistance.

You may fax information to our office (585-280-5292) or email it to 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:

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

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?

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

If so, what is the nature of the interaction?

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?

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

13. What are this child's strengths?

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:

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?

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

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

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.)

24. Describe this child with three adjectives.

25. Any other comments or concerns?

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