Advocate Check-In Form

|  |
| --- |
| **Self-evaluation should be completed by the Advocate. Once complete, evaluation should be returned to Peer Coach or Program Coordinator for review and follow-up discussion.** |

CASA Advocate: Peer Coordinator:

CASA Program Coordinator: Case Name:

**Volunteer Professionalism**

Rating Scale: 1 = Needs Improvement; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Superior

\_\_\_\_\_ Understands the role of CASA

\_\_\_\_\_ Understands and complies with confidentiality

\_\_\_\_\_ Understands and complies with appropriate boundaries

\_\_\_\_\_ Interacts and communicates well with other professionals

\_\_\_\_\_ Interacts and communicates well with birth parents and family members

\_\_\_\_\_ Handles difficult situations/people appropriately

\_\_\_\_\_ Presents child-centered, fact-based information to the court

Comments:

**Volunteer Responsibility**

Rating Scale: 1 = Needs Improvement; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Superior

\_\_\_\_\_ Consistently visits CASA child(ren) at least once per month

\_\_\_\_\_ Completes the required 12 hours of in-service training per year

\_\_\_\_\_ Makes contact with all parties in a timely manner

\_\_\_\_\_ Keeps all scheduled appointments

\_\_\_\_\_ Completes and submits all court reports in a timely fashion

\_\_\_\_\_ Completes and submits all log sheets in a timely fashion

\_\_\_\_\_ Makes her/his best effort to attend every court hearing

\_\_\_\_\_ Advocates for the children’s permanence, safety, and well-being

Comments:

**Volunteer Effectiveness**

Rating Scale: 1 = Needs Improvement; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Superior

\_\_\_\_\_ Welcomes opportunities to learn

\_\_\_\_\_ Willing to ask questions when in doubt

\_\_\_\_\_ Uncovers and communicates all pertinent facts

\_\_\_\_\_ Identifies and recommends, and follows up on necessary services

Comments:

Would you like to be considered for taking a second case? \_\_\_\_\_\_\_

Would you like to be considered for becoming a Peer Coach? \_\_\_\_\_\_\_

Peer Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date discussed with advocate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form to your Program Coordinator upon completion.