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| **Youth’s Name:**  | **Case ID #:** |
| **Case Manager’s Name:** | **Agency:** |

INSTRUCTIONS FOR THE CASE MANAGER: Use the requested information in the left column AND the Youth Summary Form to prepare a
**15-minute Oral Case Presentation** to share at the Permanency Roundtable consultation.

INSTRUCTIONS FOR THE FACILITATOR: Record your review notes from the Case Manager’s presentation in the right-hand column.

| **Case Presentation Topic** | **Case Review Notes** |
| --- | --- |
| **Worker Introduction:**  *1 Minute* |   |
| * State your name and explain (a) your background with the agency, (b) how long you have been have assigned to this youth, and (c) your relationship with the youth/family.
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| **Description of Youth’s (and Family’s) Background:**  *5 Minutes* |  |
| * Child’s age, gender, family members (including siblings in custody); youth’s current living situation.
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| * Explain why the state or county is involved with this family/child.
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| * Youth’s strengths, supports and other positive aspects of youth’s situation.
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| * Youth’s issues, challenges, needs (i.e., physical, social, emotional, behavioral, developmental) that may be affecting progress toward Permanency.
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| * Birth parent(s)’ strengths and supports.
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| * Birth parent(s)’ issues, challenges, needs that may be affecting progress toward Permanency.
 |
| * Caregiver(s)’ strengths and supports.
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| * Caregiver(s)’ issues, challenges, needs that may be affecting progress toward Permanency.
 |
| * Any other issues, challenges, needs that may be affecting progress toward Permanency.
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| * Youth’s significant relationships with caring adults. Include type and frequency of contact/visits.
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| **Case Presentation Topic** | **Case Review Notes** |
| --- | --- |
| **Permanency/Concurrent Plan:** *1 Minute* |  |
| * State the current Permanency plan for this youth (return to parent, relative custody, APPLA, etc.). If not reunification, please explain why.
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| * State the concurrent plan for this youth; if there is no concurrent plan, please explain why.
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| **Current Services/Supports** *(State Family Preservation/Foster Care/Other):**5 Minutes*  |  |
| * Describe what is being provided for this youth, indicating what is/is not working and why.
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| * State which youth needs are not being addressed and explain why.
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| * Describe the services and supports being provided for the birth parent, indicating what is/is not working and why.
 |
| * State which parental needs are not being addressed and explain why.
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| * State the services and supports being provided for the out-of-home caregiver, indicating what is/is not working and why.
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| * State which out-of-home caregiver needs are not being addressed and explain why.
 |
| * Describe any court processes that may be affecting progress toward Permanency in this case.
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| **Agency Factors:** *2 Minutes*  |  |
| * Describe any agency practices/factors that may be affecting progress toward Permanency.
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| **Next Steps:** *1 Minute* |  |
| * Explain the next steps in the current case plan.
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| * Indicate how you expect this youth’s Permanency status to change within the next six months.
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*SOURCE: Content produced by Care Solutions, Inc., under contract with Casey Family Programs, for the State of Alabama, October 2009*