



CASA of Liberty/Chambers Counties

Name: _____

Date: _____

Case Name: _____

CASA/Advocate Closed Case Evaluation

1. What were the positive/negative aspects of being a CASA/GAL on this case?

2. Were the Advocate goals, expectations and tools needed to perform assigned task explained sufficiently?

3. Is there anything that you feel needs to be added to the training?

4. How do you feel about the way you handled this case?

5. Do you think that you were able to make a positive difference in the lives of the children in this case? If so, how?

6. Was the support from the CASA Staff adequate?

7. Did you feel your Advocate Coordinator valued your time?

8. Do you want to be appointed to a new case? If so, when?

9. Were the number of the children on this case, and their age group, acceptable to you? If not, what would have been a better fit?

10. Do you have a friend you would like to recommend to CASA as a CASA Advocate candidate?
