

Court of Common Pleas

Juvenile Division
Lucas County, Ohio

Denise Navarre Cubbon, Administrative Judge
Judge Linda M. Knepp



Court Appointed Special Advocates Department Teacher Inquiry Form

GAL Complete:

Teacher/Administrator's Name: _____ Teacher's Email: _____

Student's Name: _____ Student's DOB: _____ School: _____

Assigned CASA/GAL Name: _____ Date form sent to teacher: _____

CASA has a specific question, please call CASA at 419-213-6753 **-OR-** Please complete section below

The Lucas County Juvenile Court (LCJC) through its Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) department, appoints GAL advocates as Officers of the Court, pursuant to Ohio Revised Code 2151.281. Children involved in civil cases in the LCJC will have a GAL appointed to investigate and make recommendations to the Judge regarding the child's best interest. As this child's GAL, I am required to do an independent investigation of the child's past and current circumstances and report to the Judge. I am asking for your assistance. Please complete this form and return it to the CASA Office as soon as possible. Your input is critical and will affect my recommendations to the Judge and the orders of the Court regarding this child's welfare. I have a signed Journal Entry of Appointment from the Judge presiding over this case.

I have attached my Journal Entry of Appointment (PDF) to this email The Journal Entry (JE) is on file in your school's office

The JE is on file with the CASA/GAL Office. If you would like a copy sent to you before responding to this request, please call the CASA/GAL Office at 419-213-6753 and they will Email or Fax you the document immediately.

Teacher Complete: Child's Current Grade: _____ Grade is Age Appropriate: _____ If H.S., on target to graduate? _____

Child's Grades/GPA are a Concern: _____ Child's Behavior/Social Skills are a Concern: _____ Child has School Friends: _____

Type of Classroom: _____ If 'Other' please explain: _____
(space limited to box)

Grades/Schoolwork have recently: _____

Child has an IEP? _____ Child has a 504 Plan? _____ Comments re: Plan(s): _____
(space limited to box)

Child is considered a transient student: _____ Parent demonstrates interest in child's education: _____

Name Specialized Educational Needs Not Yet Met: _____

Does student have a State Support Team trained Parent Surrogate? _____ Days Absent this School Year: _____

Days Tardy this School Year: _____ Days Suspended this School Year: _____ Student has been Expelled this Year: _____

Reason for Suspension/Expulsion: _____

Comments:
(space limited to box)

Teacher/Administrator Name: _____ CASA- please phone me at: _____

TO SUBMIT: Complete and Save this document, then attach to an email addressed to: casafoms@co.lucas.oh.us
You may also fax to CASA Office: 419-213-6785. Thank you.