



FAMILY ADVOCATE FOLLOW-UP CALL NOTES

Child Name: _____ **Date:** _____ **1D**__ **2W**__ **3M**__ **6M**__

Caregiver Name: _____ **Phone:** _____

Status of Primary Victim Child/Children (behavior/coping, school/social/home/personal

functioning, changes): _____

Status of Other Children (behavior/coping, school/social/home/personal functioning, changes):

Status of Caregiver: _____

Family Changes: _____

Family Resource Needs: _____

Investigation Concerns/Questions: _____

General Information: _____

Assistance Offered/Provided: _____

Family Advocate: _____