FCAP ID:_____

	Date
Copy of referral form, 1st page of ISSP and Placement and Legal History sent to HCSATS	
Schedule Social Worker interview	
Letter sent to Primary Care Physician & med records requested	
Send caregiver letter, caregiver survey, CBCL, CSBI, PSI	
Send teacher letter, TRF	
Send provider letter	
Send CASA letter	
Send parent letter(s)	
Send attorney letters	
Schedule caregiver and child interviews if standard assessment	
Schedule parent/child observation if reunification assessment	
Schedule parent interview	
DCFS social worker interview	
DCFS file review	
Medical records to FCAP Pediatrician	
Complete child interview (YSR, TSCC)	
Complete caregiver interview, CBCL, CSBI, Vineland, PSI	
Complete teacher interview	
Teacher Report Form (TRF) returned	
Interview with birth parents (if available)	
Interview with CASA	
Interview with primary service provider:	
Interview with primary service provider:	
CAFAS/PECFAS completed	
Preliminary SPAR completed and disbursed	
Team Review completed	
Discussion/meeting with DCFS Social Worker re: Team Review	
Final SPAR completed; sent to DCFS Social Worker	
Catalyst Assessment Survey emailed to DCFS SW	
Copy of final SPAR to DCFS Supervisor	
Copy of SPAR, Interviews, Instruments, Perm Status Form sent to HCSATS	
Follow-up Period	
Key Person Staffing (KPS) Completed	
KPS Plan completed	
Provide Behavioral Coaching	
Follow-up/progress check-in:	
Follow-up/progress check-in:	
Follow-up/progress check-in:	
Second CAFAS/PECFAS completed	
Termination Report completed and sent to DCFS along with cover letter	
Catalyst Termination Survey emailed to DCFS SW Termination Report, 2nd CAFAS/PECFAS, Permanency Status Form and Key	
Person Staffing form sent to HCSATS	