

CASE REVIEW SHEET

Indexed Victim Name: _____ Case # _____ Case Review Date ____/____/____ Location _____

By signing below, I indicate that I will respect the privacy of persons served and hold in confidence information obtained in the course of my professional duties, and that I will respect the views of my colleagues and treat them with fairness, courtesy, and good faith.

Team Members Attending	Agency Represented

Recommendations	Person/agency responsible	Target Date

Additional Notes:

Areas of Review and Questions to Consider (These are just starting points for discussion and making recommendations)

- **Evaluation of Interview**—Most appropriate choice of interviewer? Sufficient information? Did someone tell the family what to expect? Use of the Center and interview protocol?
- **Progress of Investigation**—Does everyone have necessary reports? Charges? Family notification up to date?
- **Review of Medical Findings**-- What indications? Everyone have necessary reports? Any follow up necessary and by whom?
- **Child Protection and Safety Issues**—Order of Protection? Who else may need notified of child's abuse? (School Administrator or social worker, babysitter, etc)
- **Cross Cultural Issues or other Relevant Issues**—eye contact, developmental disabilities, hearing impairment etc?
- **Input for Prosecution and Sentencing**—What other info. does State's Attorney need? Charging and Plea decisions? Have victim impact statements been given?
- **Emotional Support and Treatment Needs**—What is the status of counseling referral? Other family referrals? Has the child been equipped to handle questions from others?
- **Assess Family Reaction and Involvement**—Who's keeping family informed and how? Has the family followed up with referrals for services? What can we do to facilitate linkages?
- **Court Education and Support plan**—Who's responsible for court prep.? Who will be present for hearings?
- **Review Criminal and Civil Disposition**—Length of process? Tracking our outcomes? Sentences?