

**Infant Mental Health**

**Case Update Form**

**DEMOGRAPHICS**

|  |  |
| --- | --- |
| DATE: |       |
| CASE NAME: |       |
| CHILD’S NAME: |       |
| PPW: |       |
| GAL: |       |
| NEXT COURT DATE: |       |

**CURRENT STATUS OF THE CHILD**

|  |
| --- |
| DEVELOPMENT: *(current services, progress, concerns, etc…)* |
|       |

**BIOLOGICAL MOTHER**

|  |  |
| --- | --- |
| NAME: |  |
| PHASE OF TREATMENT: |       |
| VISITS: |       |
| IMHT TX GOALS: |       |
| *(progress, safety concerns, recommendations, etc…)* |
|       |

**BIOLOGICAL FATHER**

|  |  |
| --- | --- |
| NAME: |       |
| PHASE OF TREATMENT: |       |
| VISITS: |       |
| IMHT TX GOALS: |       |
| *(progress, safety concerns, recommendations, etc…)* |
|       |

**FOSTER PARENTS**

|  |  |
| --- | --- |
| NAME: |       |
| Developmental Guidance Targets: |       |
| *(progress towards targets, safety, concerns, recommendations, etc…)* |
|       |

**NEXT STEPS – ACTION PLAN (WHAT DOES THIS CHILD NEED)**

|  |  |
| --- | --- |
| TO DO:       | PERSON RESPONSIBLE:       |
| TO DO:       | PERSON RESPONSIBLE:       |
| TO DO:       | PERSON RESPONSIBLE:       |
| TO DO:       | PERSON RESPONSIBLE:       |