# Advanced GAL Data Collection Form for Advanced GALs: Post-Case

This form is designed to track outcomes resulting from the work of Ohio CASA/GAL Association’s Advanced Guardian ad Litem: Excellence in Child Custody Cases Program. By completing this form, you can help make it possible to evaluate the effect of advanced training and changes in competencies and practice by GALs who participate in the advanced training program. Indicators will be measured at intervals between 2021 and 2023. Establishing a shared understanding among courts and their partners about relative rates of these concerns in contested custody cases, and particularly in low income cases, as well as the positive impacts of subsidized Advanced GAL services could potentially result in new programming and policies by courts, GAL education providers, adult and child advocates and civil legal assistance programs in Ohio and beyond. Participation in this study poses minimal risk to you personally. All results from this project will be kept confidential, and all data will be presented in aggregate. If you have any questions about the project, please contact Megan Heydlauff at 614.224.2272 or [mheydlauff@ohiocasa.org](mailto:mheydlauff@ohiocasa.org).

Do you voluntarily agree to participate in this study? ◯ Yes ◯ No (If yes, please proceed to form.)

*Please note: This is for data collection purposes only and not to assess performance as a GAL.*

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court\_\_\_\_\_\_\_\_\_ Case Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Judge and Magistrate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of case is this? ◯New/post decree divorce/dissolution ◯Allocation of PRR -New/Modification ◯Post-decree ◯Unknown

If you chose post-decree above, please choose the type of post-decree case from the options below:

◯Motion to modify custody ◯Motion to Modify visitation ◯Shared parenting – Termination/Modification ◯Contempt

If you chose contempt above, please choose the type of contempt case from the options below:

◯Custody ◯Visitation ◯Child support ◯Other (If other, please identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which of the following issues were identified by the end of this case (Please choose all that apply):

◯ Sexual assault (adult) ◯ Domestic Violence/dating violence (adult) ◯ Stalking (adult) ◯ Child maltreatment ◯ Child neglect

◯ Emotional abuse (adult) ◯ Substance abuse (adult) ◯ Mental illness (adult) ◯ Threat of parental abduction

◯ Homelessness ◯ Violation of court orders ◯ Undetermined, specifics warrant further investigation ◯ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you chose “child maltreatment” above, please specify by choosing all that apply to this case:

◯ Child physical abuse ◯ Child sexual abuse ◯ Child exposure to domestic violence

|  |  |  |  |
| --- | --- | --- | --- |
| How many hearings did you attend in this case? | \_\_\_\_\_\_ hearings |  |  |
| How many hours did you spend on this case? | \_\_\_\_\_\_hours |  |  |
| How many hours did you spend with a mentor/coach during this case, including calls, drop-in calls, and emails? | \_\_\_\_\_\_hours |  |  |
| How many home visits did you conduct? | \_\_\_\_\_\_ visits |  |  |
| How many other visits did you have with the child(ren)? | \_\_\_\_\_\_ visits | Please describe where the visits took place: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did you meet with additional family members? | ◯ Yes ◯ No | If yes, specify: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did you meet with other professionals? | ◯ Yes ◯ No | If yes, specify type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did you meet with service providers? | ◯ Yes ◯ No | If yes, specify type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did you request records/document? | ◯ Yes ◯ No | If yes, specify type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did you file any motions in this case? | ◯ Yes ◯ No | If yes, specify type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Did you provide referrals for suggested services/supports for the family? ◯ Yes ◯ No

If you answered “yes” above, please specify the category and person (select all that apply)

|  |  |
| --- | --- |
| Sexual assault/abuse | ◯ Adult ◯ Child ◯ Both |
| Domestic violence | ◯ Adult ◯ Child ◯ Both |
| Dating violence | ◯ Adult ◯ Child ◯ Both |
| Stalking | ◯ Adult ◯ Child ◯ Both |
| Child maltreatment | ◯ Adult ◯ Child ◯ Both |
| Child neglect | ◯ Adult ◯ Child ◯ Both |
| Substance use disorder | ◯ Adult ◯ Child ◯ Both |
| Mental health (including counseling, therapy, psychologist) | ◯ Adult ◯ Child ◯ Both |
| Medical | ◯ Adult ◯ Child ◯ Both |
| Educational | ◯ Adult ◯ Child ◯ Both |
| Parenting skills-related | ◯ Adult ◯ Child ◯ Both |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ◯ Adult ◯ Child ◯ Both |

Case disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final orders entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate your confidence in making your recommendations:

◯ No confidence ◯ Slight confidence ◯ Moderate confidence ◯ High confidence

Please share any comments.

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