



WASHOE COUNTY HUMAN SERVICES AGENCY

350 SOUTH CENTER STREET
RENO, NEVADA 89501-2103
PHONE: (775) 785-8600
FAX: (775) 785-8648

Caregiver’s Update on Child

Please complete the header of this form with as much information as is known.

Parent’s Name:	
Caregiver Name:	Case Worker:
Child’s Name:	Date of Birth:
Child’s Name:	Date of Birth
Child’s Name:	Date of Birth

Date of Hearing:

This form must be received by the Court Liaison team at least five (5) business days before the court hearing date in order to be filed with the Court.

Return to: Email HSA-CourtLiaison@washoecounty.us or;
 Address: Attn: Court Liaison
 350 South Center Street
 Reno NV 89520

1. Child’s social interaction with caregiver family, peers and siblings:

2. Child’s school progress and adjustment:

3. Child’s physical health (state results of medical and dental appointments):

4. Child’s emotional health and well-being (counselor or therapist appointment/schedule):

5. Child’s adjustment to caregiver family and caregiver family expectations:

6. Child’s visits with parent(s) and sibling(s):

7. Child’s strengths, hobbies, gifts, talents, participation in extra-curricular activities/events:

8. Your view on the needs of the child:



INTEGRITY



**EFFECTIVE
COMMUNICATION**



**QUALITY
PUBLIC SERVICE**

350 S. CENTER STREET, RENO, NV 89501

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9. Your thoughts on how these needs can be addressed:

10. Your thoughts on child's case plan goals:

11. Other child/case specific information you wish the Court to consider:

Caregiver's Signature

Caregiver's Printed Name

Date