

MDT CAC Case Review

Date of Review: _____

Child: _____

A. Date of child's interview _____ Basic disclosure; Issues related to developmental or cultural needs, etc.:

B. Date of medical exam _____ If not completed, why? _____

Findings: _____

Medical follow-up needed? Y N Comments: _____

C. Treatment and support needed for child: _____

MH and In Home provider: _____

D. Treatment and support needed for non-offending parent or other family members: _____

MH and In Home provider _____

E. Other needs for CPS/LE/Prosecutor's Office: _____