

Utah Court Appointed Special Advocate Program

Please indicate any preference you may have when being selected for a CASA Assignment

Your name: _____ Date _____

Case Preferences

Gender: Male Female Either

Ages preferred: Infant to 5 6 to 10 11 to 14 15 to 18

Children per case 1 child 2 children 3 children 4 or more children

Are there any disabilities that you prefer not to work with? If yes explain:

Yes No

Do you have experience working with these disabilities? If yes check each one that you have experience with.

Yes No

<input type="checkbox"/> ADHD	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Cognitive Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Neurological
<input type="checkbox"/> Autism	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Psychological
<input type="checkbox"/> Other: _____		

Are there any abusive situations that you prefer not to work with? If yes indicate which type of abuse you would not like to work with:

Yes No

Do you have experience working with these situations? If yes check each box that you have experience with

Yes No

<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Emotional Abuse
<input type="checkbox"/> Physical Neglect	<input type="checkbox"/> Medical Neglect	<input type="checkbox"/> Educational Neglect
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Other: _____	