

Since 1958  
**LEGAL AID CENTER**  
of Southern Nevada  
**CHILDREN'S ATTORNEYS PROJECT**  
**CLIENT MEETING**

**Client Name:** \_\_\_\_\_ **Case No.:** \_\_\_\_\_

**Caseworker:** \_\_\_\_\_ **Foster Parents:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

1. School	
2. Discipline	
3. Homework	
4. Food	
5. Chores	
6. Clothes	

7. Extra-Curricular Activities	
8. Friends (Sleep over etc)	
9. School (IEP)	
10. Special Adult Relationships Relatives Fictive Kin	
11. Allowance	
12. Privacy	
13. Telephone Privileges	
14. Grooming (who buys, haircuts, etc)	
15. Therapy	
16. Meds	

17. Visits with Parents	
18. Visits with Siblings	
19. Caseworker Relationships	
20. Weekend Actions (part of family?)	
21. Church/ Religious Activities	
22. CASA	
23. Other	

Additional Notes	
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