

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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