

CART Feedback Sheet

Date of Call-Out: _____ Name of Child Advocate: _____

Name of Child: _____ Age of Child: _____

Nurse: _____ Hospital: _____

Positive Feedback to Team:

Concerns/Questions Regarding:

- | | |
|--|--|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Detective |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> DCFS |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Child Advocate was not paged in a timely manner |
| <input type="checkbox"/> Other | |

Please explain any concerns:

Michele Winterstein, PhD
CART Supervisor