

8. During the past year, the ward has been treated or evaluated by the following:
____ Physician. Name: _____
____ Psychiatrist. Name: _____
____ Social or other case worker. Name: _____
____ Dentist. Name: _____

9. Ward _____ is _____ is not under regular physician's care.
Physician's Name: _____

10. Social conditions: During the past year, the ward has participated in the following activities:
Describe.
____ Recreational: _____
____ Educational: _____
____ Social: _____
____ Occupational: _____
____ None available.
____ Refuses or unable to participate.

11. As guardian, I rate my ward's living arrangements as:
____ excellent.
____ average.
____ below average. If below average, explain: _____

12. As guardian, I believe my ward is:
____ content with living situation.
____ unhappy with living situation.

13. As guardian, I believe my ward has the following needs that have not been met:

14. The guardianship should be continued for the following reasons:
____ Ward is still a minor.
____ Ward's condition requires continuation of guardianship.

15. I _____ do _____ do not have possession or control of the ward's estate. If yes, my accounting is attached.

DATE: _____ GUARDIAN/CONSERVATOR: _____

(Telephone No.)