ICPC Supervision Report

Date of Report: / /

Name of Child(ren):

Name of Caretaker(s): _____

Address of Placement: _____

_____

Caseworker: _____ **Phone Number:** ( )

Reporting Period: _____

Dates and locations of Face to Face Contact:

Discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:

Child(ren)'s school performance, if applicable:
***(Attach copies of report card, IEP, evaluations, if applicable*)**

Child(ren)'s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable:
(Attach records, evaluations, therapy reports if applicable)

List any unmet needs, and recommendations to meet those needs: *(Sending state is responsible for case planning and for funding)*

Supervising Worker's Recommendation:

☐ Continue placement. ☐ Finalize adoption.
☐ Establish Guardianship.
☐ Return custody to parent, terminate jurisdiction.
☐ Other (specify):