ICPC Supervision Report

☐ 30 day ☐ 90 day

Date of Report: / /

Name of Child(ren):

Name of Caretaker(s):
Address of Placement:
Courtesy Caseworker : (Receiving State)

Phone Nnumber: **( ) -**

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)***

Permanent plan status: What progress has been made toward a permanent goal? Has the goal changed? Are there any recommendations?

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

Recommendation:

Continue placement. ☐

Continue supervision. ☐

Terminate supervision. ☐

Receiving State concurs with:

Continue with current permanency goal. ☐

Return custody to parent, terminate jurisdiction. ☐

Establish guardianship. ☐

Finalize adoption. ☐

Other (specify): ☐

SIGNATURE OF SOCIAL WORKER COMPLETING THIS REPORT_____

Printed Name_____Date_____

OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:

The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation. ☐

The Receiving state Compact Administrator/Deputy Compact Administrator/ICPC Specialist does not concur with this recommendation. ☐

Name_____Date_____