

ICPC Supervision (90 Day) Report

Date of Report: ____ / ____ / ____

Name of Child(ren): _____

Name of Caretaker(s): _____

Address of Placement: _____

Courtesy Caseworker:
(Receiving State)

Phone Number: _____

Reporting Period: _____

Dates and Locations of Face-to-Face Contact(s):

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 cards, IEP, evaluations, if applicable):

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

Assessment of current placement and caretakers, e.g., (physical condition of the home, caretaker's commitment to child, current status of caretaker and family, any changes in family, composition, health, financial situation, work, legal involvement, social relationships; child care arrangement):

Permanency 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

Comments: _____

Receiving State concurs with:

- Continue with current permanency goal
- Return custody to parent, terminate jurisdiction
- Establish guardianship
- Finalize adoption
- Other (specify): _____

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: _____
Signature: _____
Date: ____/____/____