ICPC Supervision Report
90 day

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:

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)***

Assessment 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 arrangements):

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):

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.

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Name Date