

# ICPC Supervision Report

Date of Report / /

Name of Child(ren): \_\_\_\_\_

\_\_\_\_\_

Names of Caretaker(s): \_\_\_\_\_

Address of Placement: \_\_\_\_\_

\_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone Number:   (    )   \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Date 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
- Establish Guardianship
- Return Custody to parent, terminate jurisdiction
- Other (specify):
- Finalize adoption

032-19-0001-00-eng (09/10)