

INTERSTATE COMPACT FOR PLACEMENT OF CHILDREN (ICPC) SUPERVISION REPORT

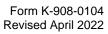
Purpose: Use this form to document Courtesy Supervision Services to be provided to the child(ren). This form can be used for a single child or multiple children in a sibling group by separating the information into paragraphs.

Directions: The Courtesy worker completes this form quarterly and submits it to their supervisor for approval and signature. The Courtesy worker's supervisor submits the completed form to the regional ICPC coordinator, who will then upload it into IMPACT.

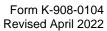
FAMILY INFORMATION INFORMATION		
Name of Child(ren):		Date of Report:
Name of Caretaker(s):	Place	ement Date:
Address of Placement:		
Courtesy Caseworker (Receiving State):		Phone Number:



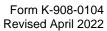
	SUPERVISION REPORT
Case ID:	Quarterly Reporting Period (beginning/ending dates):
Dates and location of face-to-face contact:	



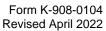
Briefly discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:



Adjustment:	

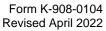


Parent Contact:	



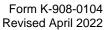


Recreational Activities:
School Information:
Daycare:



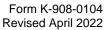


Heath Insurance:
Health Care Provider:
Provide the dates the following were last completed, and any details that may be useful to the sending state
Dental Appointment:





Vision Exam:	
Psychological Evaluation:	

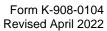




Counseling:
Medication Review:



List any unmet needs and recommendations to meet those needs (the sending state is responsible for case planning and for funding):



Concerns:	



RECOMMENDATION		
Select One:		
Continue Supervision Terminate Supervision	on	
Receiving State Concurs with:		
Continue with current permanency goal		
Establish guardianship		
Return custody to parent, terminate jurisdiction		
Other (specify)		
SIGNATURE		
Approving Supervisor (Courtesy Worker's Supervisor):	Date Signed:	
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