



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):	Placement 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:



Health 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

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):

X

Date Signed: