

Date of Report: \_\_\_\_\_

Sending State: \_\_\_\_\_

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

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

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

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

Caseworker: \_\_\_\_\_ 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 and medical status, including dates of medical, dental, mental health and therapy/counseling appointments and names of service providers. Include an updated list of psychotropic medications including new and discontinued medications and name of the prescribing provider.

*(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

Terminate Jurisdiction Due to Concern with Placement

Establish Guardianship

Return Custody to Parent, Terminate Jurisdiction

Finalize Adoption

Other (specify): \_\_\_\_\_

\_\_\_\_\_  
*Family Service Worker Signature* Date: \_\_\_\_\_

\_\_\_\_\_  
*Supervisor Signature* Date: \_\_\_\_\_

