

ICPC Progress Report

	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 child(ren)'s well-being:	•
Child(ren)'s school performance, if applicable: (Attach copies of report card, IEP, evaluations, if applicable)	

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CS- 1200, Rev. 02/20



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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:



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