

ICPC Supervision Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Name – Child(ren)

Name – Current Caretaker

Caretaker Relationship to Child(ren)

Name – Current Worker

Time Period Covered in This Report

Date Placed in Home (mm/dd/yyyy)

Date Received for Supervision (mm/dd/yyyy)

State With Legal Responsibility for the Child(ren)

Background Information

Summary and Dates of Face-to-Face Contacts for this Reporting Period

Present Situation

Health and Medical (Attach records, evaluations, therapy reports, if applicable.)

Education (Attach copies of report card, IEP, evaluations, if applicable.)

Financial

Family Contacts

Collateral Contacts (not included elsewhere)

Permanency Plan (Sending state is responsible for case planning and funding.)

Assessment (List any unmet needs and recommendations to meet those needs.)

Recommendations

- Continue placement.
- Establish Guardianship.
- Return custody to parent, terminate jurisdiction.
- Concur with terminating jurisdiction.
- Finalize adoption.
- Other – Specify:

If there are any questions about this report, contact us at telephone number _____

Name – Worker

SIGNATURE – Worker

Date Signed