**ICPC Supervision Report**

Use of form: This form is required to be completed by the receiving entity to Wisconsin ICPC office at least quarterly.

Instructions: The worker may use information from case notes, but must provide a thorough summary and assessment of the placement in each question. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| **IDENTIFYING INFORMATION** | | | | | |
| Name – Child(ren) | | Date Child(ren) Placed in Home (mm/dd/yyyy) | | | eWiSACWIS Case ID |
| Name – Placement Resource | | | Relationship to Child(ren) – Placement Resource | | |
| Name – Current Worker | | | Agency Name – Current Worker | | |
| Date Worker Assigned for Supervision (mm/dd/yyyy) | Email Address – Current Worker | | | Telephone number – Current Worker | |
| **SUPERVISION REPORT DETAILS** | | | | | |
| Time period covered under this report (dates): | | | | | |
| Provide any background information relevant to this supervision report: | | | | | |
| Provide the dates and a summary of the face-to-face contacts with the child(ren) during this reporting period, including who was present for each visit (may be taken from case notes): | | | | | |
| Describe the current physical and mental health of the child(ren) and provide updates on any medical concerns (attach records, evaluations, therapy reports, if applicable): | | | | | |
| Describe the child(ren)’s educational needs (attach copies of report card, IEP, evaluations, if applicable): | | | | | |
| Describe any concerns regarding the placement resource’s ability to provide financially for the child(ren): | | | | | |
| Describe the current status of the child(ren)’s frequency and quality of family contact: | | | | | |
| Provide information on collateral contacts (including contacts with the child’s caseworker in the sending state) made during this reporting period, if not addressed elsewhere in this report: | | | | | |
| Describe any unmet needs of the child(ren) or placement resource and any recommendations to meet those needs: | | | | | |
| Provide your assessment of general functioning and placement adjustment of both the child and placement resource: | | | | | |
| Provide your recommendation on the child(ren)’s placement based on this supervision report:  Continue placement  Establish guardianship  Return custody to parent, terminate jurisdiction  Concur with terminating jurisdiction  Finalize adoption  Other – Specify: | | | | | |
| Please note any questions or concerns you have for the Sending State: | | | | | |
| Please document the justification for the selected recommendation for each child above: | | | | | |