|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services**  **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)’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 | Return Custody to Parent, Terminate Jurisdiction | |
| Terminate Jurisdiction Due to Concern with Placement | Finalize Adoption | |
| Establish Guardianship | Other (specify): |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date: |  | |
| *Family Service Worker Signature* |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date: |  | |
| *Supervisor Signature* |  | |  |