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|  | **Tennessee Department of Children’s Services****ICPC Progress Report** |

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|  | Date of Report: |       |
|  | Sending State: |       |

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| Name of Child(ren): |       |

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| DOB of Child(ren): |       |

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| Name of Caretaker(s): |       |

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| Address of Placement: |       |
|  |       |

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| Caseworker: |       | Phone Number: |       |

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| Reporting Period: |       |

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| Dates and Locations of Face to Face Contact: |       |  |       |
|  |       |  |       |
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Discuss child(ren)’s current circumstances, addressing child(ren)’s safety in current placement and child(ren)’s well-being:

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Child(ren)’s school performance, if applicable:

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

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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)*

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List any unmet needs, and recommendations to meet those needs:

*(Sending state is responsible for case planning and for funding)*

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Supervising Worker’s Recommendation:

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| [ ]  Continue Placement | [ ]  Return Custody to Parent, Terminate Jurisdiction |
| [ ]  Terminate Jurisdiction Due to Concern with Placement | [ ]  Finalize Adoption |
| [ ]  Establish Guardianship | [ ]  Other (specify): |       |

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

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