



ICPC SUPERVISION REPORT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 387 (11-2022)

If additional space is needed for answering questions, please continue on page 2.

Name of Child(ren)			
Name of Caretaker(s)			
Address of Placement		City	State ZIP Code
Caseworker			Telephone Number
Reporting Period			
List dates and location 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 and dental appointments and names of service providers, if applicable (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			
<input type="checkbox"/> Continue placement <input type="checkbox"/> Establish guardianship <input type="checkbox"/> Finalize adoption			
<input type="checkbox"/> Return custody to parent, terminate jurisdiction <input type="checkbox"/> Other (specify): _____			

Additional comments from page 1