ICPC SUPERVISION REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE DIVISION
SFN 387 (2-2009)

Clear Fields

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

☐ Continue placement ☐ Establish guardianship ☐ Finalize adoption

☐ Return custody to parent, terminate jurisdiction ☐ Other (specify): _____

Distribution: (3) copies to: Children and Family Services

Additional comments from page 1