

Data (month day your)	Times	Location	
Date (month, day, year)	Time	Location	
Case name	ICWIS number	Na	me of assigned Family Case Manager
Case Harrie	lewis number	INA	The or assigned Family Case Manager
Name(s) of child(ren)			
The following should be addressed with each child (if age appropriate) at each monthly visit.			
☐ Discuss the child's feelings and adjustment to the current placement.			
☐ Discuss any current or past household events since the last visit with the caregiver and the child (if age appropriate).			
Assess and discuss how the child's visits with parents and/or siblings are proceeding; resolve any issues or concerns (missed visits, transportation issues,			
lack of sibling visits).			
☐ Complete and assess the physical well-being of the child during visits (visual examination of child, especially in physical abuse cases).			
☐ Observe the child's room. Does the child have appropriate sleeping quarters, bedding, etc.?			
☐ Discuss upcoming court hearings or action, inform of next court date, get notification letter signed.			
☐ Discuss any health issues as needed; review the child's medical passport and immunization record. Are required examinations up to date?			
☐ Discuss case plan goal and progress made toward goal; address plans for permanency and time frame.			
☐ Discuss the child's feelings of safety in the placement or in the parent, guardian, or custodian's home, depending on the case type.			
Discuss the child's adjustment to a new school (if applicable); view the child's report card; discuss area(s) of difficulty or concern in regard to academic performance.			
□ Obtain a current picture of the child for your case file if you have not obtained one in the last six (6) months (recent school picture, graduation or prom			
photograph, or the FCM may take a picture).			
☐ Discuss the identified activities or actions in the Informal Adjustment (IA) and progress made toward achieving sustainable, safe case closure.			
Notes			
Comments			
Signature of child			Date (month, day, year)
Signature of child			Date (month, day, year)
Signature of resource parent			Date (month, day, year)
Signature of parent, guardian, or custodian			Date (month, day, year)
gs.o o. paron, gaardan, or outload			(
Signature of parent, guardian, or custodian			Date (month, day, year)
gs.o o. paron, gaardan, or outload			(
Signature of Family Case Manager			Date (month, day, year)
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