Reset Form

# SUPERVISION REPORT
# INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN

State Form 54335 (7-10)
DEPARTMENT OF CHILD SERVICES

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|---|---|
| Name of sending state | |
| Reporting period | Date of report *(month, day, year)* |
| Name(s) of child(ren) | |
| Name(s) of caretaker(s) | |
| Address of placement (*number and street, city, state, and ZIP code*) | |
| 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 wellbeing. | |
| Child(ren)'s school performance, if applicable (*Attach copies of report cards, Individual Education Plan (IEP), and evaluations.*) | |
| Child(ren)'s health and medical status, including dates of medical and dental appointments and names of service providers, if applicable (*Attach records, evaluations, and therapy reports.*) | |
| List any unmet needs and recommendations to meet those needs (*Sending state is responsible for case planning and funding.*) | |
| Recommendation of supervising worker *(check one)*<br>☐ Continue placement ☐ Finalize adoption ☐ Establish guardianship ☐ Return custody to parent; terminate jurisdiction<br>☐ Other *(specify)*: _____ | |
| Signature of family case manager | Date *(month, day, year)* |
| Printed name of family case manager | Telephone number<br>( ) |
| E-mail address | |