FAMILY OR CHILD CASE PLAN PROGRESS REPORT

Note: This progress report is an excerpt and update from the case plan. The sections correspond to the sections from the original case plan; therefore, the sections in this document are not sequential. This progress report should be submitted to the court when the court reviews the progress or completion of the improvement period or when the court conducts permanency reviews.

SECTION I

Child

Name	Civil Action No.	DOB	Gender

Name, address and phone number of parties to civil action and of those entitled to notice and a right to be heard: Rule 28(c)

SECTION VI Placement of Child

A. Current Placement

Child:

Type of Placement: Provider Name: Entry Date: Exit Date: Reason for Exit:

C. Placement History

Specific Placement:
Geographical Location:
Beginning Date for Placement:
Date of Transfer:
Reason for Transfer:

Has the child been subject to three or more placements in one year?

Note: All placements except respite stays, hospitalizations and home visits of less than fourteen days are considered placements.

SECTION VII Recommended Visitation Plan

Developmental: Service Provided:

Recommended Evaluations:

Visitor(s)	Visitation	Supervision	Frequency
Dates of Actual Vi	sitation:		
Identified Strength	hs:		
Identified Problem	ns and Solutions:		
Other Contact Bet	ween Family Member	s and Child:	
	Siblings hould only be included t between the siblings.	if there is a change in stati	us regarding placement of the
Change:			
SECTION IX Note: This section s	* · · ·	ntal Health/Medical His f there is a change in status	tory s since the case plan was filed
Respondent:			
Change:			
SECTION X	Child's Special Nee	eds and Services	
Child: Special Needs: Physical: Emotional:			

SECTION XI Child's Mental Health/Medical History Note: This section should only be included if there has been a change in status since the case plan was filed. Child: Change: **Educational Status SECTION XII Child Name: School Name: Current Grade Status:** IEP (Yes/No): **Special Needs: Any Recommended Evaluations: SECTION XIV Child Support** A. **Abuse and Neglect Case** Parent: **Source of Income:** Order Dt.: **Amount Ordered:** Frequency: **Last Payment Amount: Last Payment Dt.:** Child(ren) Name: **SECTION XV Treatment Plan Client: Identified Change:**

Identified Problem or Deficiency:

Date for Completion of Identified Change:

\mathbf{G}	0	a	S

Goals
Note: The goals should be case-specific, should be listed in the order of their priority, and should be designed to achieve the identified change noted above.

Frequency:
Beginning Date:
Estimated Completion Date:
Actual Completion Date:
Service/Service Provider:
Referral Date:
Dates of Actual Participation:
SECTION XVI Permanency Plan Note: Since the Department is required to make reasonable efforts to achieve permanency in a timely manner, this section should include an evaluation of progress towards completion of the recommended and concurrent permanency plans.
Recommended Permanency Plan:
Progress Towards Achievement of Permanency Plan:
Concurrent Permanency Plan:
Progress Towards Achievement of Concurrent Plan:
SECTION XVII MDT Report
MDT Date:
MDT Participants:
MDT Recommendations:
Goals Completed:
Objections:

SECTION XVIII	Narrative/Relief Requested
---------------	----------------------------

Note: Provide any further explanation or information that is helpful to the court. Also, indicate the specific relief requested; i.e. that the improvement period should continue; that the improvement period should be revoked; that the court find that the respondent successfully completed the improvement period, etc.

Caseworker Signatu	re	
S		
Date		