



Tennessee Department of Children's Services
Progress Report for Child in State Custody

1. Date of Report: _____ 2. Family Service Worker: _____

3. Child(ren)'s Name(s):

Name	DOB
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

4 Parent(s)/Caregiver(s):

Name	Relationship	City
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

5. Date of Custody: _____ 6. Adjudication: a. Unruly b. Delinquent c. Dependent/Neglect

7. Date Current Permanency Plan Developed: _____ Date Current Permanency Plan Ratified: _____

8. Date Last Permanency Hearing Held: _____

9. Permanency Plan Goal(s):

Return to Parent Exit Custody with Relative Adoption

Permanent Guardianship Planned Permanent Living Arrangement

Exit Custody with Kin

10 Summary of Child/Family, Child/Sibling Visitation: *(Give dates of visits and visitation summary since last report)*

11. Describe efforts made this quarter to locate absent parents or identify relatives: *(County Clerk, Police Records, Utilities records, etc.):*

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Distribution: Child age 12 and older, Parent/Guardian, Foster Parent, Review Board Chair and Child's Case File

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12. Needs and Goals of Child/Youth: *(If this report is for more than one child/youth, please begin listing each child/youth's information here and insert additional pages as needed before number 13. Additional Child/Youth templates can be found at the end of this document.)*

Child's Name: _____

Current Placement - Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____

Relative/Kinship Placement: Yes No

Educational Needs: Name of School: _____
Grade: _____ Date Last S or M Meeting: _____ Not Applicable (N/A)

Please describe child's progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues):

Medical/Dental Needs: _____
Date of Last EPSD&T Needs/Concerns: _____
Date of Last Dental Needs/Concerns: _____
List of Medications and Prescriber: _____

Child's Name: _____

Current Placement - Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____

Relative/Kinship Placement: Yes No

Educational Needs: Name of School: _____
Grade: _____ Date Last S or M Meeting: _____ Not Applicable (N/A)

Please describe child's progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues):

Medical/Dental Needs: _____
Date of Last EPSD&T Needs/Concerns: _____
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Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

13.	Permanency Plan Goal(s):
	<i>Progress made since last review and remaining barriers.</i>
Child/Youth:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
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Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	

Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

Parent:	
Progress toward completion:	Category: Action Steps:

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Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
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Update:	
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Parent:	
Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:

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	Action Steps:
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Update:	
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Update:	
Progress toward completion:	Category:
	Action Steps:
Update:	
Progress toward completion:	Category:
	Action Steps:
Update:	
Progress toward completion:	Category:
	Action Steps:
Update:	

14. Signatures:

_____ Family Service Worker

_____ Date

_____ Supervisor

_____ Date

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Needs and Goals of Child/Youth:

Child's Name: _____

Current Placement - Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____

Relative/Kinship Placement: Yes No

Educational Needs: Name of School: _____
Grade: _____ Date Last S or M Meeting: _____ Not Applicable (N/A)
IEP: Yes No/N/A 504 Plan: Yes No/N/A

Please describe child's progress in school (grades, attendance, non-academic issues affecting academic progress, behavior, or other educational issues):

Medical/Dental Needs: _____
Date of Last EPSD&T Needs/Concerns: _____
Date of Last Dental Needs/Concerns: _____
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Child's Name: _____

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Level of Care: _____
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Date of Last Dental Needs/Concerns: _____
List of Medications and Prescriber: _____
Beginning with the highest priority.

Permanency Plan Goal(s):
<i>Progress made since last review and remaining barriers.</i>

Child/Youth:	Category:
	Action Steps:

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Parent:	
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Update:	
Progress toward completion:	Category: Action Steps:
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