

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

1.	Date of Report:		Fa	amily Service Wo	rker:			
3.	Child(ren)'s Name(s):	a. b. c. d. e.			-	DOB		
4	Parent(s)/Caregiver(s):	a. b. c. d. e.		·				
5.	Date of Custody:		6. Adjudicati	ion: a. 🗌 Unru	ıly b.	Delinquent c	c. 🗌 Dependent/Neglect	
7.	Date Current Permanency	y Plan I	Developed:	Dat	e Curre	ent Permanency	Plan Ratified:	
8.	Date Last Permanency He	earing	Held:					
9.	Permanency Plan Goal(s):					Adoption Living Arrangement	

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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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/Facili Level of Care: County of Placement: Placement Start Date:	.y:		
Relative/Kinship Placer	nent: 🗌 Yes 🗌 No			
Educational Needs:	Name of School: Grade: Da	ate Last S or M Meetir		Not Applicable (N/A)
Please describe child's behavior, or other edu	progress in school (grades, atte cational issues):	endance, non-academ	ic issues affecting	academic progress,
Medical/Dental Needs: Date of Last EPSD&T N Date of Last Dental Ne List of Medications and	eds/Concerns:			
Child's Name:				
Current Placement -	Name of Foster Family/Facili Level of Care: County of Placement: Placement Start Date:	.y:		
Relative/Kinship Placer	nent: 🗌 Yes 🗌 No			
Educational Needs:	Name of School: Data	ate Last S or M Meetir	ng:	Not Applicable (N/A)
Please describe child's behavior, or other educ	progress in school (grades, atte ational issues):	ndance, non-academi	ic issues affecting a	academic progress,

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

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13.	 Permanency Plan Goal(s): 			
	Progress mad	ogress made <u>since last review</u> and remaining barriers.		
Child	d/Youth:			
	ress toward	Category:		
	oletion:	Action Steps:		
com		Action Steps:		
Upda	ite:			
	ress toward	Category:		
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	ress toward	Category:		
comp	oletion:	Action Steps:		
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Category/ Action Steps should be listed in the order of priority, beginning with the highest priority.

Parent:	
Progress toward	Category:
completion:	Action Steps:

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Update:	
Progress toward completion:	Category: Action Steps:
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14.

Signatures:

Family Service Worker

Supervisor

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Page

Date

Date

Needs and Goals of Child/Youth:

Child's	Name:	

Child's Name:				
Current Placement -	Name of Foster Family/F Level of Care: County of Placement: Placement Start Date:	acility:		
Relative/Kinship Pla		_		
Educational Needs:	Name of School: Grade:	Date Last S or IEP: Yes	M Meeting:	Not Applicable (N/A) 504 Plan: Yes No/N/A
Please describe child behavior, or other ed		attendance, non	-academic issu	ues affecting academic progress,
Medical/Dental Need Date of Last EPSD& Date of Last Dental List of Medications a	T Needs/Concerns: Needs/Concerns:			
Child's Name:				
Current Placement - Relative/Kinship Pla	Level of Care: County of Placement: Placement Start Date:	acility: 		
Educational Needs:	Name of School: Grade:	_ Date Last S or IEP:	M Meeting:	Not Applicable (N/A) 504 Plan: Yes No/N/A
Please describe child behavior, or other ed		attendance, non	-academic issu	ues affecting academic progress,
Medical/Dental Nee Date of Last EPSD&				
Date of Last Dental				
List of Medications a	· · · · · · · · · · · · · · · · · · ·			
Beginning with the				
Permanency	Plan Goal(s): <u>since last review</u> and remaining l	harriers		
Child/Youth:	since last review and remaining t			
Progress toward	Category:			
completion:	Action Steps:			

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CS-0430, Rev. 9/20



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