



Tennessee Department of Children's Services
**Progress Report on Young Adult Receiving Extension
of Foster Care Services**

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

3. Young Adult's Name: _____ 4. DOB: _____

5. Date of EFCS: _____

6. Date Current Permanency Plan Developed: _____ Date Current Permanency Plan Ratified (if applicable): _____

7. Date Last Permanency Hearing Held: _____

8. Permanency Plan Goal(s): _____

9. Current Placement - IL Allowance Yes No
Name of Foster Family/Facility: _____
Level of Care: _____
County of Placement: _____
Placement Start Date: _____
Relative/Kinship Placement: Yes No

10. Describe efforts made this quarter to strengthen relationships with supportive adults.

Needs, Goals and Strengths of Young Adult:

(As indicated in the Permanency Plan. Also list progress made since last review and remaining barriers).

11. Educational Needs
(as applicable): Name of Educational Program: _____
Grade/Semester/Term: _____ Date Last S or M Meeting: _____ Not Applicable (N/A)
IEP (if ever): Yes No/N/A 504 Plan (if ever): Yes No/N/A

Post-Secondary Accommodations or Receiving Post-Secondary Accommodations Yes No/N/A

Please describe young adult's progress in school, as applicable (include more than just grades, e.g. attendance, change in field of study or school, non-academic issues affecting academic progress, behavior, etc.):

13. If EFCS eligibility is Special Needs (young adult cannot attend an educational program due to disability), please describe progress toward transition to adult services.

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RD 2982

CS-1201, 7/19

Page 1 of 3



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

15.	Permanency Plan Goal: <i>Addressed as Needs: Progress made <u>since last review</u> and remaining barriers.</i>
Young Adult:	
Progress toward completion:	Category: IL Housing Action Steps:
Update:	
Progress toward completion:	Category: IL Education Action Steps:
Update:	
Progress toward completion:	Category: IL Health Action Steps:
Update:	
Progress toward completion:	Category: IL Finances (May be addressed as a Strength) Action Steps:
Update:	
Progress toward completion:	Category: IL Employment (May be addressed as a Strength) Action Steps:
Update:	
Progress toward completion:	Category: IL Social Skills Action Steps:
Update:	
Progress toward completion:	Category: IL Life Skills (May be addressed as a Strength) Action Steps:
Update:	
Progress toward completion:	Category: IL Essential Documents (May be addressed as a Strength) Action Steps:
Update:	
Progress toward completion:	Category: IL Credit Check (May be addressed as a Strength) Action Steps:
Update:	

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Progress toward completion:	Category: Action Steps:
Update:	
Progress toward completion:	Category: Action Steps:
Update:	
Addressed as a Strength:	Category: IL Life Skills Factors supporting designation as a Strength:
Update:	
Addressed as a Strength:	Category: IL Essential Documents Factors supporting designation as a Strength:
Update:	
Addressed as a Strength:	Category: IL Transportation Factors supporting designation as a Strength:
Update:	
Addressed as a Strength:	Category: IL Employment Factors supporting designation as a Strength:
Update:	
Addressed as a Strength:	Category: IL Finances Factors supporting designation as a Strength:
Update:	
Addressed as a Strength:	Category: IL Credit Check Factors supporting designation as a Strength:
Update:	

16. Signatures:

Worker	Date
Supervisor	Date

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RDA 2982
Page 3 of 3

