

INTERSTATE COMPACT ON JUVENILES



**PROGRESS
REPORT**

QUARTERLY PROGRESS REPORT

Sending State: _____ Receiving State: _____

Case # _____ Case # _____

Juvenile's Name: _____ DOB: _____

Address: _____
(Street address) (City) (State) (Zip)

Phone # _____ Supervision Level: _____ Exp. Date: _____

Progress Topic	Excellent	Good	Fair	Poor	N/A
Adjustment in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Education performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY OF PROGRESS SINCE LAST REPORT:

COURT APPEARANCES? YES NO If YES, provide certified court documents and a brief explanation of the current legal situation.

RECOMMENDATION: Continue Supervision Request Discharge Request Revocation

(Juvenile Worker) (Date) (Supervisor) (Date)

(Compact Administrator/Official) (Date)