

# INTERSTATE COMPACT ON JUVENILES



**PROGRESS  
REPORT**

**QUARTERLY PROGRESS REPORT**

Sending State:		Receiving State:			
Case Number:		Case Number:			
Juvenile's Name:			Date of Birth:		
Address: (Street Address)		(City)	(State)	(Zip Code)	
Phone No:		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)
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(Compact Administrator/Official)