

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

INDIVIDUALIZED SERVICE PLAN (ISP) PROGRESS REPORT

In The Matter Of:

) **Court No.**

Judge:

County of Jurisdiction:

Court hearing date:

Hearing Type(s):

Family Name: _____
KIDS number: <u>KK</u>
ISP Type: _____

Child Welfare (CW) worker		County
ISP Creation Date	ISP Modification Date	ISP Completion Date

Family members involved in ISP:

Child	Age	Date of birth	Permanency plan	Concurrent plan	Months out-of-home	Permanency hearing due date*
Adult		Age		Date of birth		

* Months Out-Of-Home and Permanency Hearing Due Date are calculated from the 30 days after date of the most recent removal from the home. Trial Reunification episodes are not included in the calculation.

Termination Status, if Applicable:

Child	Relationship	Name	Date Recommended	TPR

Reason(s) for Oklahoma Department of Human Services (OKDHS) Involvement:

Conditions or Behaviors which need to be changed or corrected:

Desired Result (s):

OKDHS recommendations:

Recommended findings:

Child's Name	Finding 1	Finding 2

Progress summary:

Current information:

Child(ren)'s current placement, adjustment in placement, and placement preference. Child(ren)'s situation includes physical, emotional, educational, psychosocial, and if appropriate, independent living information.

Parent(s)' current living situation, including financial, physical, mental, and emotional information.

Additional Information:

Associated visits:

Visitation Type	Status	Visit Start Date	Visit End Date
Supervision Type	Visit Participants		

Visitation Summary:

Associated contacts:

Type Location	Date and Time	Status
Purpose	Participants	
Purpose/Comments		

Contact Summary:

Progress on To Do's for:

Risk Factor:

To Do: ☐ To Do Completed Date:

Progress:

To Do:

Visit your child(ren) as ordered by the court or as described in the visitation plan developed with your worker. Be on time for all visits. Let your worker know a day ahead of time if you cannot visit.

Progress:

To Do:

Sign release(s) to allow OKDHS to share information about your case or family with persons or agencies who are providing services to help you complete your plan. Agree that upon a request by the court, a copy of all FBI fingerprinting results pertaining to the parent, legal guardian and any other adult living in the home will be released to the court.

Progress:

To Do:

Contact your worker at least one time a month or as ordered by the court. Tell your worker about any changes, such as address, job, who lives with you, and how you are doing on your plan. Supply proof, such as certificates or reports, of progress on your plan to your worker at least one week before every court hearing.

Progress:

To Do:

Attend, participate, and complete the requirements of all services on your plan. Follow recommendations of the professionals providing the services.

Progress:

To Do:

Attend and participate in any scheduled court hearings and family team meetings

Progress:

To Do:

Pay Child Support as ordered by the court. Csupt.

Progress:**Signatures:**_____
CW worker Signature_____
Date_____
CW supervisor signature_____
Date_____
Tribal worker signature_____
Date**Print Options:**

- ☐ To Do Progress Only
- ☐ Standard To Do Progress Only
- ☐ Risk Factors
- ☐ Associated Contacts
- ☐ Associated Visits