QUARTERLY ADOPTION PROGRESS REPORT

Michigan Department of Human Services

"Click and type agency name and address here"

Court File #

Child's Name | Date of Birth | Commitment Date

Commitment County | Adoption Worker | Report Date

DATES OF CONTACT

Dates | With whom (include role/position) | Type and reason

"Click Here & Type"

Child's Current Placement and Functioning

Dates and Types of Recruitment Activities (N/A if Identified Family)

Progress Toward Achieving Adoption (Child and family's adjustment to adoption if already placed for adoption)

Barriers and Specific Action Steps (Services needed by family if child is already placed for adoption)

Projected Date for Achieving the Goal of Adoption

Adoption Worker Signature | Printed Name | Date

Adoption Supervisor Signature | Printed Name | Date

cc: Foster Care Worker
Court of Commitment