

REFUGEE AND ENTRANT UNACCOMPANIED MINOR
PROGRESS REPORT

SECTION I - IDENTIFYING DATA

| | | | |
|---|---|--------|--------------------------------|
| 1. Name of the minor (<i>Family - Middle - Given</i>) | 2. Date of Birth (<i>Mo. - Day - Year</i>) | 3. Sex | 4. Alien No./ HHS Tracking No. |
|---|---|--------|--------------------------------|

SECTION II - PERSONAL FUNCTIONING OF THE CHILD

| | |
|---|-----------------------------------|
| 5. Date minor entered the U.S. (Form I-94)/ Date on ORR eligibility letter for trafficking minors or date asylum was granted. | 6. Local Provider Agency Case No. |
|---|-----------------------------------|

1. Education Information
a. Indicate the minor's current grade level at school _____ →

b. Check the appropriate box below for the current grade level of schooling and provide the requested information.

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Elementary | Is the minor in a regular school program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Secondary | In which kind of program is the minor enrolled? | <input type="checkbox"/> College bound | <input type="checkbox"/> Vocational <input type="checkbox"/> Business |
| <input type="checkbox"/> Postsecondary | Indicate estimate date and type of degree | | |
| <input type="checkbox"/> Not in school | Please indicate | | |

c. Has the minor required and received any educational remedial services during the reporting period? Yes No

If "Yes" specify _____

d. For those minors 14 years and older: Has the minor obtained any educational or vocational skills, certificates, or diplomas (including GED) since the last reporting period? Yes No

If "Yes" specify _____

2. Caseworker/Provider Assessment

Assess the minor's functioning in the following four areas. For purposes of this item, adequate is defined as functioning at the minimal level considered normal for a minor's age group and which, if continued, should lead to full adjustment and self-sufficient emancipation.

| | Better Than Adequate | Adequate | Not Adequate |
|---|----------------------|----------|--------------|
| English Language Skill | | | |
| Education (<i>Other than English</i>) | | | |
| Social Adjustment | | | |
| Health Condition | | | |

SECTION III - FAMILY REUNIFICATION DATA

Family reunification data for either parental or relative reunification. Describe current efforts to reunify the minor with his or her Parents. Include any, even partial, family reunification information, such as names, addresses, phone numbers, etc.

SECTION IV - FORM COMPLETION INFORMATION

| | | |
|--------------------------|-------|--|
| Form completed by - Name | Title | Phone No. (<i>Include Area Code</i>) |
|--------------------------|-------|--|

| | |
|--------|---------|
| Agency | Address |
|--------|---------|

The signature of either the supervising State Child Welfare Agency representative or provider agency representative is required.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|