

State of Illinois  
Department of Children and Family Services

**ACR**  
**Critical Feedback Communication Notice**

**Date of ACR:** \_\_\_\_\_

**Case Name:** \_\_\_\_\_

**Case ID#:** \_\_\_\_\_

**Name of Caseworker:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Name of Reviewer:** \_\_\_\_\_

An Administrative Case Review was held on the above case and as a result, a **CRITICAL Feedback** will be written.

The reason for the **CRITICAL feedback** has been discussed with the above named caseworker and/or supervisor and will be documented in the feedback.

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Signature of Reviewer