Visitation Observation Report

Date:	Children's Names:	Age:
Length of Visit: From To		
Caseworker:		
Adults Visiting Children:		
Location:		
Form Completed By:		
Relationship to Child:		
Activities: What kind of activities did the parent and ch	nild engage in? (Games, projects, fee	eding, etc.)
Impact of Visit on the Child(ren): How did the child(ren) react? Check what you observe	·.
Relaxed, happy, comfortable during visit	Difficult to Comfort	Anxious
☐ Smiled ☐	Cried	Compliant
		Withdrawn
☐ Hugged ☐	Sad \square	
☐ Kissed	Nonverbal	Defiant
Engagement of Parent: Please rate the parent's responsing the highest.)	nse on a scale from $1-5$ (with 1 be	ing the lowest and 5
1. The Parent displays concern and care for the child(re	n) during the visit.	
1 2 3	4	<u>5</u>
Not at All Somew	hat	Very Much
2. The Parent was able to take action to correct the child	d(ren)'s behavior during the visit	
1 2 3	4	5
Not at All Somew	hat	Very Much
2. The Deposit is able to resmond to changes in the shill	(uan)'s activities and remained and a	ad dynina tha visit
3. The Parent is able to respond to changes in the child((1en) s activities and remained engag	5
Not at All Somewi	•	Very Much
4. If more than one child was present, was the parent at	nle to manage and engage with all the	e children?
1 2. 3	A manage and engage with all the	5
Not at All Somew	hat	Very Much

Was the visit cancelled/missed?	Yes (circle	No one)	By Whom? Why?
Was the visit interrupted/terminated	?	Yes No circle one)	
Engagement of Parent- Addition	al Obse	ervations:	
What went well today?			
What could have been better ab	out tod	ay's visit?	

Thank You for your help in meeting the needs of our children and families!

^{**}Please give this form to the child's caseworker within a week from the date of visit**