

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 child engage in? (Games, projects, feeding, etc.)

Impact of Visit on the Child(ren): How did the child(ren) react? Check what you observe.

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Relaxed, happy, comfortable during visit | <input type="checkbox"/> Difficult to Comfort | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Smiled | <input type="checkbox"/> Cried | <input type="checkbox"/> Compliant |
| <input type="checkbox"/> Hugged | <input type="checkbox"/> Sad | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Kissed | <input type="checkbox"/> Nonverbal | <input type="checkbox"/> Defiant |

Engagement of Parent: Please rate the parent's response on a scale from 1 – 5 (with 1 being the lowest and 5 being the highest.)

1. The Parent displays concern and care for the child(ren) during the visit.

| | | | | |
|------------|---|----------|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | Somewhat | | Very Much |

2. The Parent was able to take action to correct the child(ren)' s behavior during the visit.

| | | | | |
|------------|---|----------|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | Somewhat | | Very Much |

3. The Parent is able to respond to changes in the child(ren)'s activities and remained engaged during the visit.

| | | | | |
|------------|---|----------|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | Somewhat | | Very Much |

4. If more than one child was present, was the parent able to manage and engage with all the children?

| | | | | |
|------------|---|----------|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Not at All | | Somewhat | | Very Much |

(Please complete additional observations on the back →)

