

FAMILY VISITATION REPORT

Case Name: Date: Visit #:
Case Worker: Phone #:
Staff Supervising visit: Agency: -
Children (1):
Foster Parents:
Person(s) Visiting: Relationship
Additional Visitors: Relationship
Appointment Time Beginning a.m. Ending a.m.

Arrival Time and Information

Child(Name or #)	Times		Delivered by whom?	Notes
	Arrival	Departure		
	1		-	
	2		-	
	3		-	
	4		-	
	5		-	
	6		-	
	7		-	

Visit Completed? ☐ Yes Unduplicated Adults Children

Visitation Cancelled? ☐ Yes By Whom? ☐ Parent ☐ Foster Parent ☐ Caseworker
☐ Other

Reason for Cancellation: ☐ Transportation ☐ Child Sick ☐ Conflict in Schedule
☐ Parent Sick ☐ Other: ☐ Foster Parent Uncooperative

Persons Name: ☐ Appeared to be under the influence of drugs or alcohol

No Show ☐ Parents ☐ Children
☐ showed up too late for a visit Arrival time:

Greeters made a comment that negative interactions took place between the foster parent and child. Comment:

Notes:

Case Name:

Case Number:

Date:

Visit #:

INITIAL INTERACTION

Parent/Child(ren) Observed Responses (Check appropriate responses; line to the right is for a second visitor.)

Parent: ☐ Smiled ☐ Moved toward children ☐ Hugged
☐ Kissed ☐ Positive verbal interaction ☐ Detached
☐ Nonverbal ☐ Verbally critical of child ☐ Cried
☐ No visible sign of emotion
☐ Appeared to be under the influence of drugs or alcohol
☐ Other

Child/ren: ☐ Smiled ☐ Moved toward parent(s) ☐ Hugged
☐ Kissed ☐ Positive verbal interaction ☐ Detached
☐ Cried ☐ Withdrawn
☐ No visible sign of emotion
☐ Appeared clean and healthy
☐ Other:

SEPARATION

Parent/child(ren) Observed Responses (Check appropriate responses; line to the right is for a second visitor.)

Parent: ☐ Smiled ☐ Moved toward children ☐ Hugged
☐ Kissed ☐ Positive verbal interaction ☐ Detached
☐ Nonverbal ☐ Verbally critical of child ☐ Cried
☐ No visible sign of emotion
☐ Other:

Child/ren: ☐ Smiled ☐ Sad ☐ Clung ☐ Hugged
☐ Kissed ☐ Cried ☐ Detached ☐ Withdrawn
☐ Temper Tantrum ☐ No visible sign of emotion
☐ Child anxious to leave visitation room
☐ Other:

Other pertinent information needed to be addressed:

Direct Family Observations

Observed interactions of visiting adult:

		FIRST HALF			SECOND HALF		
		Yes	No	N/A	Yes	No	N/A
1	Expressed affection for child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Asked questions about child's week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Initiated activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Initiated conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Praised positive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Spoke respectfully to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Had age appropriate expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Allowed child to show emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Inappropriately ignored one or more children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Fed child appropriate snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Excessive food or gifts given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Acknowledged negative behavior of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Responded appropriately to negative behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Spoke to child about adult issues/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Whispered to child or was secretive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Discussed issues not allowed by court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Demeaned child or others in presence of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Uncomfortable with supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Fails to recognize dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Critical language directed at child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Intimidated children verbally or non-verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Comments:

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		Yes	No	N/A	Yes	No	N/A
1	Expressed affection for parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Responded to conversation or activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Relaxed, happy, comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Tested limits set by parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Detached or unresponsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Acted like parent (role reversal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Acted out to gain attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Expressed anger or unhappiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Hyperactive or over stimulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Responded to behavior modification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Emotional needs met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Inappropriately ignored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Complained about foster home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

Objective Narrative of the Visitation Observation:

Impression of the Supervised Visitation:

Staff Supervising:

Agency: -

Date: