Visit Record of Parent/Child Interaction

Case Name_____Caseworker_____
Date_____Location_____
Scheduled Time Next Visitation Scheduled (date and time)

Persons in Attendance	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s) arrive on time…….....Yes____No ____
Child(ren) arrive on time……Yes____No ____
Parent(s) greet child appropriately…… Yes____No ____
Appropriate good-by/affect……Yes____ No ____

1) Appearance/affect of parent(s)/child(ren)

_____
_____
_____
_____

2) Parent(s)/child verbal and/or nonverbal interaction (Eye contact, physical contact, voice tone.)

_____
_____
_____
_____

3) Parent(s) plan/participate in age appropriate activities with children Yes____ No____

_____
_____
_____
_____

4) Parental strengths observed (parent brought meals, diapers, supplies) (discipline, set limits, divided attention)

_____
_____
_____
_____

5) Progress on Goals

_____
_____
_____
_____

6) Areas of Development

_____
_____
_____
_____

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7) Goals for next visit

_____
_____
_____
_____

8) Parent Comments

_____
_____
_____
_____

Signatures:

Visit Coach _____ Parent _____
Caseworker _____ Parent _____

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