

Parent Impression Form

Visiting Adult

Visiting Children

Date of Visit: _____

I. PARENT IMPRESSION OF VISIT WITH CHILD(REN)

(1)	(2)	(3)	(4)	(5)
Very difficult	Somewhat difficult	As expected	Better than expected	Very well

II. PARENT IMPRESSION OF VISIT WITH CASEWORKER

(1)	(2)	(3)	(4)	(5)
Very difficult	Somewhat difficult	As expected	Better than expected	Very well

III. OVERALL THE VISIT WENT AS EXPECTED Yes/No

If no, what would you have liked to be different?

IV. THE CHILD(REN) INTERACTED WITH ME AS DESIRED Yes/No

If no, what would you have liked to be different?

V. CHILD'S APPEARANCE

(1)	(2)	(3)	(4)	(5)
Unacceptable	Less than acceptable	As expected	Better than expected	Clean and Neat

VI: THERE ARE THINGS I WOULD LIKE TO SEE GO DIFFERENTLY Yes/No

If yes, what?
