

Child Visitation Report

About This Form:

This is a child-visitation form and includes the basic information that should be collected at each visit. However, it is not a comprehensive list. There may be additional information you need to ask or collect during your visits.

Child's Name: _____

Date and time of visit: _____

Location of visit: (please select one):

Foster home Relative/Non-Relative School Daycare Home Other: _____

Phone# and Address: _____

Type of Visit: (please select one)

Initial visit Announced Unannounced

Name of caregiver/foster parent: _____

Name of adult(s) present during visit: _____

Name of adult(s) living in the home: _____

Name of person conducting visit: _____

Has the child's placement changed since your last visit? Yes No

How did the child appear?

Saw child's sleeping area? Yes No N/A

Had tour of home? Yes No N/A

Any concerns with the current placement? If so, what are they?

Is the caregiver/foster parent expressing any concerns? Yes No

***If yes, you must notify your volunteer supervisor and/or GAL attorney as soon as possible**

Name of person notified _____ (Date) _____

If yes, what are the concerns expressed?

Is the child on any medication? Yes No

***If yes, you must notify your volunteer supervisor and/or GAL attorney as soon as possible**

Name of person notified _____ (Date) _____

If yes, what is the name of the medication and the dosage? (You should request to see the medication and obtain this information directly from the container):

Does the medication have any side-effects?

Any reported side-effects reported by caregiver? Yes No

Please list reported side-effects

Any reported side-effects reported by school/day care? Yes No

Please list reported side-effects

Be sure to obtain all of the child's medical records and speak with the child's doctor(s). If assistance is required, contact your volunteer supervisor and/or GAL attorney

Is there any information the child wants the court to know?

Does the child want to attend court? Yes No

***If yes, you should immediately notify your supervisor and/or the GAL attorney**

Name of person notified _____ (Date) _____

Where is the child attending school/daycare?

Is the child in special classes? Yes No

***If yes, please notify your supervisor and/or the GAL attorney**

Name of person notified _____ (Date) _____

How is the child doing in school/daycare?

Obtained child's attendance records and latest progress reports? Yes No N/A

Do you have any concerns regarding school/day care? Yes No N/A

***If yes, please notify your supervisor and/or the GAL attorney**

Name of person notified _____ (Date) _____

Does the school/day care provider have any concerns regarding the child's behavior? Yes No

What are those concerns?

***If yes, please notify your supervisor and/or the GAL attorney**

Name of person notified _____ (Date) _____

Are there any services the child needs? (i.e. medical, therapeutic, educational) Yes No
If yes, what are they?

***If yes, you should notify your volunteer supervisor and GAL attorney**

Name of person notified _____ (Date) _____

Does the child have any other needs?

Is the child visiting their siblings (if applicable)? Yes No N/A
If no, why not?

***Notify your volunteer supervisor and/or GAL attorney if the siblings are not visiting**

Name of person notified _____ (Date) _____

Is the child visiting with their parents? If yes, are the visits supervised or unsupervised?

How is visitation progressing?

Any other information you feel is important to note:

Please enter your mileage for this visit _____

Please enter the time you spent for this visit (in 15 minute increments) _____

Signature of person conducting visit:

(Date) _____

It is imperative to communicate all concerns with your volunteer supervisor and/or GAL attorney as soon as possible