

SUPERVISED PARENTING TIME REPORT TEMPLATE

DATE:	
SUPERVISOR:	

SUPERVISED PARENTING TIME APPOINTMENT DETAILS (appointment confirmation email)

CHANGES TO TODAY'S PARENTING TIME APPOINTMENT AND WHY

PARTICIPANTS AND RELATIONSHIP TO CHILD

SUPERVISOR CHECK-IN WITH VISITING PARENT (items brought, questions, plan for activities, etc)

ARRIVAL AND DROP-OFF EXCHANGE NOTES (items with child, information exchanged, etc)

PARENT-CHILD ACTIVITIES AND INTERACTIONS

DEPARTURE AND PICK-UP EXCHANGE NOTES (items with child, information exchanged, etc)

PLANS FOR NEXT PARENTING TIME

Date:

Time:

Type of Service:

Location if applicable:

Supervisor:

Supervisor Signature

Date

Disclaimer:

This report is a summary of observations only and is not intended to provide a basis for evaluation of any participant. These observations have been made in a monitored setting and can not be used to predict behavior outside of this environment.

CANCELLATION REPORT TEMPLATE

DATE:	
SUPERVISOR:	
BRIEF REASON FOR CANCELLATION:	

SUPERVISED PARENTING TIME APPOINTMENT DETAILS (appointment confirmation email)

REASON FOR CANCELLATION (circumstances surrounding cancellation; who cancelled; why; documentation to be provided)

PLANS FOR MAKE-UP PARENTING TIME (all cancellations are considered for make-up parenting time per guidelines)

DETAILS FOR NEXT REGULARLY-SCHEDULED PARENTING TIME APPOINTMENT

Date:

Time:

Type of Service:

Location if applicable:

Supervisor:

Supervisor Signature

Date

VIRTUAL OBSERVATION REPORT TEMPLATE

DATE:	
SUPERVISOR:	

PLAN FOR TODAY'S SUPERVISED PARENTING TIME (final confirmation email)

PARTICIPANTS AND RELATIONSHIP TO CHILD

LOGIN TIMES

Supervisor:

Visiting Parent:

Custodial Parent/Child:

Other:

SUPERVISOR CHECK-IN WITH VISITING PARENT (questions, plan for activities, etc)

SUPERVISOR CHECK-IN WITH CUSTODIAL PARENT AND/OR CHILD (questions, plan for activities, etc)

VISIT START TIME & PARENT-CHILD INITIAL GREETING NOTES

PARENT-CHILD ACTIVITIES AND INTERACTIONS

VISIT END TIME & DEPARTURE NOTES (items with child, information exchanged, etc)

PLANS FOR NEXT PARENTING TIME

Date:

Time:

Type of Service:

Location if applicable:

Supervisor:

Supervisor Signature

Date