



## LOW RISK MONITORING & OBSERVATIONAL REPORT - First Visitation REPORT 1a.

### Section 1: Name of Client/s

NF \_\_\_\_\_

NM \_\_\_\_\_

CYP \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### Session Details

Date of Visit	
Time of Visit	
Start Time	
End Time	
Location (Proposed)	
Type of Visit	
Supervised <input type="checkbox"/>	
Supported /Monitored <input type="checkbox"/>	
Both <input type="checkbox"/>	
Duration (Standard 2 hrs)	
Support Worker(s) Present	

## Section 2: People Present

- Parent 1 NM  Parent 2 NF  Child(ren) 1.
- Child(ren) 2  Children 3
- Support Worker 1.  Support Worker 2.

Other Attendees (Family, friends, additional Child(ren))

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## Section 3: Arrival Observations

- On time  Late  Child appeared comfortable  Child appeared hesitant

Notes \_\_\_\_\_

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## Section 4: Interactions During Visit

Age Appropriate Activities Observed:  Play  Conversation  Shared meals  Reading  Physical contact   
Emotional expressions  Redirection required  Safety & Reassurance

Notes: Give Examples of the above

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## Section 5: Verbatim Quotes

Include direct quotes from child(ren) and/or parents:

## Section 6: Supervisor Interventions (Non critical)

No intervention required    Intervention occurred

### Describe intervention(s):

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## Section 7: Departure Observations

Calm departure    Emotional distress    Conflict noted    Support required

## Notes:

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## Section 8: Support Worker Observation Notes

## Section 9: Summary of Notes

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Report Completed By: \_\_\_\_\_

Monitor 1. \_\_\_\_\_

Monitor 2. \_\_\_\_\_

Date: \_\_\_\_\_ Time \_\_\_\_\_

Actual Location - \_\_\_\_\_

### Was this a suitable Location

Y  N

### Critical Incidents - Y N

Follow Up Debrief required (Free)  Y  N

Signature / Initials

## Email your Report (Within 24hrs) to

[suzanne@coffscoastcontactservices.com](mailto:suzanne@coffscoastcontactservices.com)

