



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))

Section 3: Arrival Observations

☐ On time ☐ Late ☐ Child appeared comfortable ☐ Child appeared hesitant

Notes

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

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):

Section 7: Departure Observations

☐ Calm departure ☐ Emotional distress ☐ Conflict noted ☐ Support required

Notes:

Section 8: Support Worker Observation Notes

[illegible]

[illegible]

Section 9: Summary of Notes

Report Completed By: _____

Monitor 1. _____

Monitor 2. _____

Date: _____ Time _____

Actual Location - _____

Was this a suitable Location

 $\square Y \square N$ Critical Incidents - ☐ Y ☐ N

Follow Up Debrief required (Free) ☐ Y ☐ N

Signature / Initials _____

Email your Report (Within 24hrs) to
suzanne@coffscoastcontactservices.com

