

# 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(ren):**

**Date and time of visit:**

**Location of visit: (please select one):**

Home (w/Parents)  Foster Home  Relative/Non-Relative  School  Daycare

Other:

**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(ren) 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, what are the concerns expressed?

**Is the child on any medication?** Yes  No

**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 side-effects reported by **child**? Yes  No   
Please list reported side-effects:

Any side-effects reported by **caregiver**? Yes  No   
Please list reported side-effects:

Any 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  N/A

If yes, are they attending? Yes  No

Where is the child attending school/daycare?

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

Is the child in special classes? Yes  No

How is the child doing in school/daycare?

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

Does the school/day care provider have any concerns regarding the child's behavior? Yes  No  N/A   
What are those concerns?

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

Does the child have any other needs?

Is the child visiting their siblings (if applicable)? If no, why not?

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

How is visitation progressing?

Child Wishes / Additional Notes:

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***