

Clinical Consultant visit observation report

*To be filled out by GAL

Date and time of visits: _____

Location of visit: _____

Case and contact Information

Caseworker and phone number: _____

Family name:

Parent's name:

Children's name and ages:

Placement

Kin/foster family: (Circle one)

Name of kin or foster family: _____

Address: _____

How long have the children been in this home: _____

What is the frequency of visitation: _____

*To be filled out by Clinical Consultant

1. Did the visit go for the allotted time that it was set for? Yes/no (circle one.) If the visit was cancelled or ended early, state the reason why.
2. Who was present for the visit?
3. What did the initial greeting between parent(s) and child(ren) look like? Was the child excited to see their parent(s)? How did child handle separating from placement providers?
4. Did parent(s) bring activities for their children that were appropriate?
5. Did parent(s) provide all necessary supplies that are applicable to their children, their ages and the visitation time? Food, diapers, wipes etc
6. How successful were parents at being able to read their children's cues and respond to them appropriately on a consistent basis?

7. Were parents able to take feedback from the visitation supervisor and were they willing to incorporate it into their visitation?

8. Were there any moments of concerning play between parent(s) and child(ren)?

9. How would you describe the attachment between the parent(s) and child(ren)?

10. How did the child(ren) handle the end of the visit and saying goodbye to their parent(s)?

11. Were there any other notable areas during the visit that the GAL needs to be made aware of?

Date, time, and location of next visit: _____