



# THE HEART MATTERS FOSTER FAMILY AGENCY

## MONITORED VISITATION FORM

Date of Visit: \_\_\_\_\_ Scheduled Start Time: \_\_\_\_\_ to \_\_\_\_\_

Place of Visit: \_\_\_\_\_ Actual Start Time: \_\_\_\_\_ to \_\_\_\_\_

Visit Cancelled by: \_\_\_\_\_ Reason Visit Cancelled: \_\_\_\_\_

No Show:  Yes  No

Name of Person(s) Monitoring Visit: \_\_\_\_\_

Name of Person(s) Attending Visit: \_\_\_\_\_

\_\_\_\_\_

### VISITATION SUMMARY

Initial Contact	Child Interaction (during visit)	Parent Interaction (during visit)
Show of Affection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comfortable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hostile: <input type="checkbox"/> Yes <input type="checkbox"/> No	Distant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides Redirection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Excited: <input type="checkbox"/> Yes <input type="checkbox"/> No	Affectionate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verbally Abusive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Distant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Communicative: <input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Abusive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lack of Interest: <input type="checkbox"/> Yes <input type="checkbox"/> No	Age Appropriate Play: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sibling Interaction	Parent Behavior	Closure Contact
Aggressive Behavior: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate Dress: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate Goodbye: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cooperative Play: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eager to end visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tantrums: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comfortable/Mutual: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Affection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Competing for Parent's Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equal time to children: <input type="checkbox"/> Yes <input type="checkbox"/> No	Crying: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Talks about court issues: <input type="checkbox"/> Yes <input type="checkbox"/> No	Closed visit on time: <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how visit went: <i>(please be as detailed as possible)</i>



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Describe any concerns: <input type="checkbox"/> N/A

Incidents/Injuries that occurred during visit, if applicable: <input type="checkbox"/> N/A

Complete List of Items brought, if applicable: <input type="checkbox"/> N/A		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monitor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

<b>For Office Use Only:</b> CSW: _____ Email: _____ @ _____ Monitored Visitation Sent: _____ by: _____ (attach email receipt)
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