**MONITORED VISITATION FORM**

Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule Meeting Time: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Place of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Meeting 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**

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| **Initial Contact** | **Child Interaction (during visit)** | **Parent Interaction (during visit)** |
| Show of Affection ☐ Yes ☐ No  Hostile ☐ Yes ☐ No  Excited ☐ Yes ☐ No  Distant ☐ Yes ☐ No  Other ☐ Yes ☐ No | Comfortable ☐ Yes ☐ No  Distant ☐ Yes ☐ No  Affectionate ☐ Yes ☐ No  Communicate ☐ Yes ☐ No  Lack of Interest ☐ Yes ☐ No | Involved ☐ Yes ☐ No  Provides Redirection ☐ Yes ☐ No  Verbally Abusive ☐ Yes ☐ No  Physically Abusive ☐ Yes ☐ No  Age Appropriate Play ☐ Yes ☐ No |
| **Sibling Interaction** | **Parent Behavior** | **Closure Contact** |
| Aggressive Behavior ☐ Yes ☐ No  Cooperative Play ☐ Yes ☐ No  Comfortable/Mutual ☐ Yes ☐ No  Competing for Parent’s Attention  ☐ Yes ☐ No | Appropriate Dress ☐ Yes ☐ No  Eager to end visit ☐ Yes ☐ No  Cell phone use ☐ Yes ☐ No  Equal time to children ☐ Yes ☐ No  Talks about court issues ☐ Yes ☐ No | Appropriate Goodbye ☐ Yes ☐ No  Tantrums ☐ Yes ☐ No  Affection ☐ Yes ☐ No  Crying ☐ Yes ☐ No  Closed visit on time ☐ Yes ☐ No |

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| **Describe how visit went:** *(please be as detailed as possible)* |
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| **Describe any concerns:**  N/A |
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| **Incidents/Injuries that occurred during visit, if applicable:**  N/A |
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| **Complete List of Items brought, if applicable:**  N/A | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Monitor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

CSW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitored Visitation Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach email receipt)