**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 ☐ NoHostile ☐ Yes ☐ NoExcited ☐ Yes ☐ NoDistant ☐ Yes ☐ NoOther ☐ Yes ☐ No | Comfortable ☐ Yes ☐ NoDistant ☐ Yes ☐ NoAffectionate ☐ Yes ☐ NoCommunicate ☐ Yes ☐ NoLack of Interest ☐ Yes ☐ No | Involved ☐ Yes ☐ NoProvides Redirection ☐ Yes ☐ NoVerbally Abusive ☐ Yes ☐ NoPhysically Abusive ☐ Yes ☐ NoAge Appropriate Play ☐ Yes ☐ No |
| **Sibling Interaction** | **Parent Behavior** | **Closure Contact** |
| Aggressive Behavior ☐ Yes ☐ NoCooperative Play ☐ Yes ☐ NoComfortable/Mutual ☐ Yes ☐ NoCompeting for Parent’s Attention  ☐ Yes ☐ No | Appropriate Dress ☐ Yes ☐ NoEager to end visit ☐ Yes ☐ NoCell phone use ☐ Yes ☐ NoEqual time to children ☐ Yes ☐ NoTalks about court issues ☐ Yes ☐ No | Appropriate Goodbye ☐ Yes ☐ NoTantrums ☐ Yes ☐ NoAffection ☐ Yes ☐ NoCrying ☐ Yes ☐ NoClosed visit on time ☐ Yes ☐ No |

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| **Describe how visit went:** *(please be as detailed as possible)* |
|  |
| **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)