



# CHILD VISITATION

Child(ren)'s Name: \_\_\_\_\_

Child(ren)'s Age: \_\_\_\_\_

Next Hearing Date: \_\_\_\_\_

Visit date/time: \_\_\_\_\_

Current Placement: \_\_\_\_\_

Staff/Volunteer completing visit: \_\_\_\_\_

## Physical Observations of Child:

### Emotional Health

- Is the home in which the child is placed free from judgement?
- Is there a nurturing environment in the home? Or is the child simply housed?
- Does the child have familiar possessions with him or her?
- Does he/she have pictures of family is he is placed out of his home?
- Is he in the same cultural environment/neighborhood?

### Diet

- What are the child's favorite foods? Do they ever receive those favorite meals?
- Do the parents(s) prepare meals for the child?
- What does the child eat at school?
- Is there food in the home over the weekends?
- Are there healthy foods available in the home?

### Clothing and Appearance

- Does their clothing fit?
  - Is it clean?
  - Is it of an appropriate style?
  - Is it weather appropriate?
  - Does the child have shoes?
- What is the child's hygiene like?
  - Is the child clean?

### Medical

- Does the child see a doctor when ill?
- Has the child had a vision checkup?
- Are immunizations current?
- Has the child seen a dentist?
- In your conversation does the child complain of any pain or discomfort?  
Do your observations suggest a problem?
- Does the child have allergies?

Medical Care Dr. ....

Dental Care Dr. ....

### **Current Placement Information/Observations of the Child's Environment:**

#### Home

- Is it safe? What is the condition of the home?
- Is it clean? (Not your standards, but facts that address health standards and safety)
- Where does the child sleep?
- How many are in the home?
- Is there heat, are there screens on the windows, hot and cold running water, electricity, etc.?

Are there any concerns related to safety, stability or well-being for the child?

- Are there adults or other children in the home (or coming into the home) who may pose a threat to the child?
- If in kinship or foster care the same question should be asked.
- What is the child's general environment?
- Are there age appropriate protections in the home?
- Are there smokers in the home?
- Is the child properly supervised?
- What does discipline look like in the home?
  - Is it physical?
  - Does discipline include the deprivation of food?
  - Is the discipline reasonable and fairly applied?

#### **Educational Information:**

- What school does the child attend?
- What are the child's grades?
- Have you been to the school?
- What is the child's school behavior?
- Does the child struggle with any subject.
- Does the child make it to school on time?
- Is the child being targeted at school because of his situation?
- If in foster care, is the child being treated differently?
- Is the child in any extracurricular activities?
- Does the child have any school friends?
- What is the child's favorite subject?
- Can the child read?

#### **Extracurricular Activities/What the Child Does for Fun:**

**Specific Child Focused Services:**

- Therapy
- Medication
- Has the child been referred for a trauma assessment?

**Visitation (Parents, Siblings, Relatives):**

**Permanency Plan:**

**Does the child/caregiver know who the Family Case Manager is? Last contact?**

**Are there any questions or concerns that the child would like conveyed to the GAL or the Judge?**



# CHILD VISITATION FORM

Child(ren)'s Name: \_\_\_\_\_

Child(ren)'s Age: \_\_\_\_\_

Next Hearing Date: \_\_\_\_\_

Visit date/time: \_\_\_\_\_

Current Placement: \_\_\_\_\_

Staff/Volunteer completing visit: \_\_\_\_\_

## Physical Observations of Child

- Emotional Health
- Diet
- Clothing and Appearance

## Medical

- Is the child current re Immunizations?
- Medical Care Dr. \_\_\_\_\_
- Dental Care Dr. \_\_\_\_\_

## Current Placement Information/Observations of the Child's Environment

- Home
- Are there any concerns related to safety, stability or well-being for the child?

Educational Information

Extracurricular Activities/What the Child Does for Fun

Specific Child-Focused Services (Therapy, Medication, Etc.)

Visitation (Parents, Siblings, Relatives)

Permanency Plan

Does the child/caregiver know who the Family Case Manager is? Last contact?

Are there any questions or concerns that the child would like conveyed to the Judge (for older children)?