**Contact Information**

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| Child’s Name: | | Date of Visit: |
| Location of Visit: | | Announced Visit:  □ Yes □ No |
| Individuals Present at Visit: | | |
| Date of child’s last physical exam: | Date of child’s last dental & vision exam: | |
| Medications (name, purpose, dosage, physician who prescribed): | | |
| Worker’s observations, including child’s physical appearance: | | |
| Caregiver’s observations/concerns (emotional or behavioral changes, changes in treatment): | | |
| Any changes in the child’s characteristics (self-protection, physical/cognitive/social development, emotional/behavioral functioning): | | |
| Any changes in the caregivers’ ability to meet the child’s specific needs: | | |

During this visit be sure to follow up on these **top priorities** from last visit:

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**Basic Needs**

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| Well-being:   * Have someone to turn to for help & advice * Have social & emotional support * Have a consistent respite resource * Feels supported in continuing positive relationships developed prior to placement * Have access to adequate food/drink/etc. * Have season appropriate clothing   Comments: | Changes in Substitute Care Setting:   * New pets * New childcare * Marital status change * Death or Birth within the household * New residence * New people in household * Household member has left * Physical changes to home or room * Job change(s) * Criminal charges/arrest * Change in child’s daily activities   Comments: | | Relationships in Home:   * Individuals in the residence get along * People speak nicely to others * Everyone is treated fairly * The general attitude is good * Conflict is resolved * People in the home do not get along * Conflict is constant in the home   Comments: |
| Communication:   * Access to contact caseworker * Know when next court date is * Have contact with GAL * Feel like my voice has been heard * Aware of any upcoming events   Comments: | School:   * Has concerns about school * Need a tutor * Is missing school * Needs services to increase academic success * Participates in extra-curricular activities   Comments: | | Physical/Mental Health:   * Medication concerns * Know when appointments are * Changes in mood or behavior * Frequency of mental health services * Physical, dental, or vision concerns   Comments: |
| Spend time speaking privately with child: □ Yes □ No | | Viewed child’s bedroom:  □ Yes □ No | |

**Follow-Up Activities Identified During Visit**

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| Activity | Person Responsible | Target Date |
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| Child/Youth’s Signature: | Date: |
| Caregiver Signature: | Date: |
| Agency Representative Signature: | Date: |