**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: |