

Date of Visit: _____

Family Visit Log

Time of Visit: _____

Present During the Visit:	<input type="checkbox"/>	Mother
	<input type="checkbox"/>	Father
	<input type="checkbox"/>	Grandmother
	<input type="checkbox"/>	Grandfather
	<input type="checkbox"/>	Child(ren)
	<input type="checkbox"/>	Other: _____

Candidate's Activity(ies) During Visit:	<input type="checkbox"/>	Read a Book
	<input type="checkbox"/>	Played Games
	<input type="checkbox"/>	Observations
	<input type="checkbox"/>	Discussed Tips (Please state)
	<input type="checkbox"/>	Issues addressed:
	<input type="checkbox"/>	Inventory:

In your opinion, was the visit productive?	<input type="checkbox"/>	Yes: Give reason
	<input type="checkbox"/>	No: Give reason

If not productive, what can you do to improve the next visit?	
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Did you and the parent plan for next visit?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

What did you do during the visit?	
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Day and date of next visit

Was the family cooperative during the visit?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

Did the parent have any requests?	<input type="checkbox"/>	Yes: _____
	<input type="checkbox"/>	No

Did you enjoy the visit?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

Parent Signature: _____ Observer Signature: _____