

CASE NAME	CASE WORKER
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DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

Supported Visit Report

This report is completed in addition to the regular "Visit Report: Parent – Child Visit" form (DCYF 15-448) for the duration of supported visits.

PROVIDER AND INDIVIDUAL SUPERVISING VISIT

VISIT LOCATION, DATE AND TIME

Visit Participants (identify name and relationship to parent):

Pre-Meet

Please identify activities and describe what occurred during the pre-meet between provider and parent.

<input type="checkbox"/> Discussed the purpose and benefits of visits	<input type="checkbox"/> Discussed ways to greet children
<input type="checkbox"/> Discussed ways to support child when difficult emotions and questions arise	<input type="checkbox"/> Identified supportive ways to transition out of visit
<input type="checkbox"/> Reviewed visit plan	<input type="checkbox"/> Discussed parent's concerns regarding specific behaviors and scenarios
<input type="checkbox"/> Identified activities	<input type="checkbox"/> Provided feedback regarding prior visit
<input type="checkbox"/> Other:	

De-Brief

Please identify what was discussed during debrief being sure to document both strengths and concerns. Please note if the parent tried a new activity or strategy.

Additional Supports (Transportation, Activities, Meals / Snacks)

Identify any additional supports needed for the next visit.

<input type="checkbox"/> Transportation support	<input type="checkbox"/> Gas card	<input type="checkbox"/> Activity cost / fees
<input type="checkbox"/> Bus or transit pass	<input type="checkbox"/> Meals / snacks	

Parent Comments

This space is for parents to provide comments on how they felt about their visit. Encourage parents to identify how they feel about any new activities or strategies they used in their visit.