**FAMILY SERVICES HOME VISITOR CONTACT FORM FOR OBSERVATION, PLANNING AND RECORDS**

**Family and Community Partnerships/CH-2012-13**

**Complete this form for your records. This document may be kept with your Blue Service Card and appropriate information may be entered into Child Plus.**

* **Child lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class Code: \_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time arrived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **The reason for the visit:**
* **Where the visit took place:**
* **Who was present at the visit (include children, significant other, relatives, etc.):**
* **Factual things that took place during the visit. Things that can be seen, heard, smelled, touched or measured:**
* **List the issues the mother or father brought up:**
* **Use direct quotes if pertinent (*do not use your interpretations or opinions*):**
* **State what you actually see, smell or hear (*do not use words such as dirty, messy , neat, etc.-these are your interpretations):***
* **What was accomplished:**
* **Parent follow up activities with child(ren):**
* **What parent will do before next visit:**
* **What Family Service provider will do before next visit:**
* **Other Notes:**
* **Date, time and place of next visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**