

Parent Visitation Checklist

Please document your observation and answers from parents regarding each item. Document their demeanor and their interaction with you and/or others.

1. Housing

a. Address: _____

b. Phone Number: _____

c. Safe Housing: _____

d. Stable Housing: _____

e. Concerns: _____

2. Contact with DCFS: _____

3. Contact with CASA: _____

4. Substance Abuse Assessment and/or treatment: _____

5. Mental Health Assessment and/or treatment: _____

6. Parenting classes: _____

7. Child Visits: _____

8. Parental Contributions: _____

9. Other: _____

10. Other: _____

11. Other: _____

** If you have not already done so, get each parent to sign a release of information form so that we can independently obtain updates from service providers.

Notes: _____
