

Oblong Children's Christian Home

Home Visit Review Form

Parent/Guardian Name: _____

Child's name: _____ Date: _____

Where did your child stay during their home visit?

Who provided supervision at each location?

If parent(s)/guardian(s) was(were) working, then how was the child supervised?

If there were conflicts with/between your child(ren), how were they handled?

What, if any, unacceptable behavior did your child display, and what consequences were given?

What specific activities did you do with your child to practice for an eventual reunification?

What specific responsibilities (e.g., chores, etc.) did your child have for this visit? How well do you feel your child did with these?

What progress or good behavior did you observe during home visit?

What child or parental goals still need improvement after this weekend?

Child:

Parent:

Describe what specific skill you practiced during the visit from our Parent Training.

Describe any progress you feel you have made on your parenting goals.

How successful do you feel this home visit was? Please rate

- Awful**
- Poor**
- Fair**
- Good**
- Very Good**
- Excellent**