

Caseworker Visit Template

Case name: _____ **TWIST case #:** _____

Case manager name: _____

Mother involved in case? Y N If no, why not? _____

Father involved in case? Y N If no, why not? _____

CHILDREN IN CASE

1. Name: _____ Age: _____ Placement name: _____

Placement type: Relative/fictive kin Foster care Residential PRTF Hospital In-home

2. Name: _____ Age: _____ Placement name: _____

Placement type: Relative/fictive kin Foster care Residential PRTF Hospital In-home

3. Name: _____ Age: _____ Placement name: _____

Placement type: Relative/fictive kin Foster care Residential PRTF Hospital In-home

4. Name: _____ Age: _____ Placement name: _____

Placement type: Relative/fictive kin Foster care Residential PRTF Hospital In-home

5. Name: _____ Age: _____ Placement name: _____

Placement type: Relative/fictive kin Foster care Residential PRTF Hospital In-home

Notes:

Notes Continued:

CHILD VISIT SHEET

Child name: _____ Name & role of person making visit: _____

Date: _____ Location of visit: _____ One-on-one contact with child? Y N

Name of adults present during visit (relative, foster parent, case manager): _____

Name of other adults living in home (if applicable): _____

Document the general appearance, mood, and behavior of the child. _____

How are you doing in school/daycare (socially and academically)? _____

How is therapy/counseling going? _____

Discuss any concerns regarding birth family/siblings and visitation with them. *How often do you see/have phone calls with your family?* _____

Discuss safety and supervision in the home/placement. *Do you feel safe at home? What happens when you get in trouble?* _____

Discuss independent living or soft skills (transition plan, skills learned, chores). _____

Discuss permanency with the child. Ask the child if he/she has any concerns regarding court or his/her parent's progress on case plan. *If you could live with anybody right now, who would it be?* _____

Needs/questions/follow-up items identified by child:

1. _____
2. _____
3. _____

Notes:

PARENT VISIT SHEET

Parent name: _____ Name & role of person making visit: _____

Date: _____ Location of visit: _____

Observation of the home setting/environmental safety: _____

Discuss any concerns with the placement/foster home (hygiene, location). *How do you think your child is doing?*

Discuss any progress, concerns, or barriers related to visitation (transportation, time/location of visits, school functions/orientations, sporting events, medical appointments). *Have you had any phone calls with your child?*

Discuss any court updates. _____

CASE PLAN PROGRESS

FLO discussion (examples include housing, finances, environmental issues, etc.): _____

ILO discussion (examples include therapy, parenting classes, mental health and substance abuse assessments/treatments, safety concerns, etc.): _____

Recognize and celebrate any successes! _____

Discuss barriers/stressors to case plan completion or accessing resources; referrals needed (remember community partners).

Needs/questions/follow-up items identified by parent:

1. _____
2. _____
3. _____

Notes:

CAREGIVER VISIT SHEET

Caregiver name: _____ Name & role of person making visit: _____
Date: _____ Location of visit: _____ Caregiver of: _____ [child name]
Other children living in the home: _____

MEDICAL

Name of physician: _____ Date of last physical exam: _____
Name of dentist: _____ Date of last dental exam/cleaning: _____
Name of optometrist: _____ Date of last eye exam: _____
Are immunizations current? Y N Did worker view the medical passport? Y N
Note any physical health concerns: _____
Medication list (include psychotropic medications; include dose & frequency): _____

Note any developmental concerns: _____

First Steps involved? Y N If yes, services provided/areas of focus: _____

MENTAL HEALTH

Child in counseling/therapy? Y N Name of counselor/therapist: _____
Agency: _____ Frequency of appointments: _____
Diagnoses/behavior issues: _____
Discuss management of mental/behavioral issues. *What is working? What is not working?* _____

Progress/treatment plan updates: _____

EDUCATION, INDEPENDENT LIVING SKILLS, TRANSITION PLAN, STATE ID

Education: Child in school/daycare? Y N Grade: _____
Name of school/daycare: _____ IEP: Y N
Discuss any educational concerns (consider social, academic, and attendance issues). _____

Independent Living Skills: N/A
Discuss soft skills (ages 12-15): _____
Discuss formal IL classes (ages 16+): _____

Transition Plan (age 17): Required? Y N Completed? Y N

State ID: Requested? Y N Approved? Y N

Notes:

VISITATION

Visits with **parents**? Y N N/A When? _____ Where? _____
Supervised? Y N By whom? _____
Strengths and needs (child behavior before/after visits, child's perception of visits): _____

Visits with **siblings**? Y N N/A When? _____ Where? _____
Supervised? Y N By whom? _____
Strengths and needs (child behavior behavior/after visits, child's perception of visits): _____

PERMANENCY, LIFE BOOK, CLOTHING, COURT ORDER

Discuss permanency (court dates and updates): _____

Discuss and view life book progress: _____

Discuss clothing/allowance *Are you spending the monthly allotted amount on the child?* _____

Discuss court order compliance, if applicable (status cases): _____

FOSTER OR RELATIVE/FICTIVE KIN PLACEMENTS

Discuss safety/supervision in the foster or relative/fictive kin home. *Does the child feel safe in your home? How are you respecting the child's/family's boundaries? What does discipline and supervision look like in the home?* _____

Discuss services and training. *What resources/referrals are needed for the child, you, and/or members of your family (respite, child care referral, etc.). What skill would you or the child benefit from learning/enhancing right now?* _____

Discuss cultural/ethnic considerations. *How are you learning about and honoring the child's original culture? How are you helping the child remain connected to his/her community? Do you have any questions or need any information regarding the child's ethnic, culture, or religious background?* _____

Needs/questions/follow-up items identified by caregiver:

1. _____
2. _____
3. _____

Notes: