

CHILD VISITATION RECORD

Drop-Off

Date:

Scheduled Time:

Actual Time:

On Time / Late (Circle One)

Items Brought With Child:

Return Home

Date:

Scheduled Time:

Actual Time:

On Time / Late (Circle One)

Items Returned With Child:

Comments: _____

Activities Discussed (In Advance)

Homework: _____

Extracurricular Activities (sports, clubs, Scouts): _____

Social Activities (friends, parties, etc.): _____

Medical Appointments: _____

Appointment at (date/time) _____

Medication Needs: _____

Prescribed by _____

Homework Completed

YES NO

Activities Attended

YES NO

Doctor Appointments Attended

YES NO

Medicine Taken

YES NO

Discussions Relating to Child's Social, Education, Physical, Emotional Issues: _____

Future Visitation/Dates Discussed: _____

Post-Visitation Concerns: _____
