

## CONTACT SHEET

Child(ren)'s Name(s): \_\_\_\_\_

GAL: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Present at Visit: \_\_\_\_\_

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### HOME VISIT TOPICS CHECKLIST

- |  |   |
|--|---|
| <input type="checkbox"/> Attitude to caregiver         | <input type="checkbox"/> Health                       |
| <input type="checkbox"/> Caregiver's attitude to child | <input type="checkbox"/> Sleep                        |
| <input type="checkbox"/> Relations w/ siblings         | <input type="checkbox"/> Medication                   |
| <input type="checkbox"/> Relations w/ foster siblings  | <input type="checkbox"/> Eating habits                |
| <input type="checkbox"/> Any others in home?           | <input type="checkbox"/> Hygiene/Toileting issues     |
| <input type="checkbox"/> Alternate care providers      | <input type="checkbox"/> Cultural issues              |
| <input type="checkbox"/> Visitation with parents       | <input type="checkbox"/> School                       |
| <input type="checkbox"/> Visitation with siblings      | <input type="checkbox"/> Relations with peers         |
|  | <input type="checkbox"/> Outside interests/activities |

### **TO DO:**

### **NOTES:**

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