



**CASA of the Tennessee Heartland**  
Anderson Co.-100 N. Main St. Rm 115 Clinton, TN 37716 P: 865.463.6850  
Blount Co.-391 Court St. Rm. 212 Maryville, TN 37802 P: 865.273.5993  
Scott Co.-2845 Baker Highway Huntsville, TN 37756 P: 423.663.8943

## Child Visitation Report

Volunteer Advocate

This is a child-visitation form and includes the basic information that should be collected at each visit. However, it is not a comprehensive list. There may be additional information you need to ask or collect during your visits

CASE # \_\_\_\_\_ CASA \_\_\_\_\_

**Child(ren):** \_\_\_\_\_

**Date and time of visit:** \_\_\_\_\_

**Location of visit: (please select one):**

Home (w/Parents)       Foster Home       Relative/Non-Relative   
School       Daycare       Other: \_\_\_\_\_

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

**Type of visit: (please select one)**

Initial visit       Announced       Unannounced

**Name of caregiver/foster Parent:** \_\_\_\_\_

**Name of adult(s) present during visit:** \_\_\_\_\_

**Name of adult(s) living in the home:** \_\_\_\_\_

**Name of person conducting visit:** \_\_\_\_\_

**Has the Child(ren)'s placement changed since your last visit?** Yes       No

**How did the Child(ren) appear?** \_\_\_\_\_

**Saw Child(ren)'s sleeping area?** Yes       No       N/A

**Had tour of home?** Yes       No       N/A

**Any concerns with the current placement? If so, what are they?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the caregiver/foster parent expressing any concerns?** Yes       No

If yes, what are the concerns expressed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**Is/are the Child(ren) on any medication?** Yes  No

**If yes, please answer the following questions (if necessary, attach additional meds page(s)):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**What is the name of the medication, dosage and frequency? (Request to see the medication and obtain information directly from the container):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the medication have any side-effects?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any side-effects reported by Child(ren)?** Yes  No

**Please list reported side-effects:** \_\_\_\_\_  
\_\_\_\_\_

**Any side-effects reported by caregiver?** Yes  No

**Please list reported side-effects:** \_\_\_\_\_  
\_\_\_\_\_

**Any side-effects reported by school/day care?** Yes  No

**Please list reported side-effects:** \_\_\_\_\_  
\_\_\_\_\_

**If the child(ren) is/are taking psychotropic medication, has the Child(ren)'s mood/behavior improved, stabilized or declined on meds (Explain)?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Please obtain medical records from Primary Care Giver and any specialist.*

**Does the Child(ren) want to attend Court?**

Yes       No       N/A (only if too young)

**\*If yes, you should immediately notify your coordinator.**

**Name of person notified** \_\_\_\_\_

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

**Is it in the Child(ren)'s best interest to attend upcoming Court hearings?**

Yes     No

**Why or Why not?** \_\_\_\_\_

\_\_\_\_\_

**If so, is the Child(ren) attending?**     Yes       No       N/A

**If the Child(ren) is/are not attending, is there any information the child wants the court to know?** \_\_\_\_\_

\_\_\_\_\_

**Where is/are the Child(ren) attending school/daycare?** \_\_\_\_\_

\_\_\_\_\_

**Obtained Child(ren)'s attendance records and latest progress reports?**

Yes       No       N/A

**Is/are the Child(ren) in special classes?** Yes     No

**How is/are the Child(ren) doing in school/daycare?** \_\_\_\_\_

\_\_\_\_\_

**Do you have any concerns regarding school/day care?** Yes     No     N/A



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**Does the school/day care provider have any concerns regarding the Child(ren)'s behavior?** Yes  No  N/A

What are those concerns? \_\_\_\_\_

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**Are there any services the Child(ren) needs? (I.e. medical, therapeutic, educational, surrogate)** Yes  No

**If yes, what are they?** \_\_\_\_\_

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**Does the Child(ren) have any other needs?** \_\_\_\_\_

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**Is/are the Child(ren) visiting their siblings (if applicable)? If no, why not?**

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**Is/are the Child(ren) visiting with their parents? If yes, are the visits supervised or unsupervised?** \_\_\_\_\_

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**How is visitation progressing?**

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