



# Family Contact Observation Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Client last name(s): \_\_\_\_\_ Family contact facilitator: \_\_\_\_\_

Caseworker: \_\_\_\_\_

List who attended family contact:

## GOALS

Current OCS permanency goal:

Parent-identified contact priorities:

## PRE-CONTACT CHECK IN

Identified protective factors/strengths:

**Selected resiliency activity type (select one):**

Structured      Parent planned      Open-ended

**Resiliency activity description/title and link to parent priorities:**

**Parent-requested support strategies:**

**Parent worries and how contact facilitator can help:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Reflection                       | <input type="checkbox"/> Demonstration      | <input type="checkbox"/> Observation         |
| <input type="checkbox"/> Problem solving                  | <input type="checkbox"/> Modeling           | <input type="checkbox"/> Information sharing |
| <input type="checkbox"/> Caregiver practice with feedback | <input type="checkbox"/> Joint interactions | <input type="checkbox"/> Conversation        |
| <input type="checkbox"/> Guided practice with feedback    |   |  |

**FAMILY CONTACT ROUTINE**

**Family contact plan level of supervision provided (select one):**

Unsupervised      Supported      Supervised      Guided

**Greeting:**

**Identified protective factors/strengths and supports offered:**

**Family circle:**

**Identified protective factors/strengths and supports offered:**

**Resiliency activity:**

**Identified protective factors/strengths and supports offered:**

**Snack – if applicable:**

**Identified protective factors/strengths and supports offered:**

**Clean up:**

**Identified protective factors/strengths and supports offered:**

**Transition:**

**Identified protective factors/strengths and supports offered:**

**POST-CONTACT CHECK IN – PARENT REFLECTION**

**What went well?**

**What was difficult?**

**Considerations for next agency facilitated contact:**

Considerations for upcoming non-agency facilitated contact:

**FUTURE PLANNING / UPCOMING SPECIAL EVENTS**

**Resiliency Meeting: Review and update parent priorities:**

**Contacts have occurred in a structured and protected environment and should not be used in isolation when assessing the appropriateness of future access or custody arrangements.**

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_