

# 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: \_\_\_\_\_  
\_\_\_\_\_