

Family ID: _____	Visit Date: _____
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Protective Factors Addressed During Visit:

<input type="checkbox"/> Social Connections	<input type="checkbox"/> Parental Resilience
<input type="checkbox"/> Concrete Supports	<input type="checkbox"/> Knowledge of Parenting and/or Child Development
<input type="checkbox"/> Social and Emotional Competence of Children	

Topic:

Planned	Completed	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Handout:

Planned	Completed	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any additional time spent on an item? Please explain.

Amount of Visit Spent On:	Planned topic and activities	Back-up topic and activities	Addressing immediate needs (*not crisis)	Additional resource sharing	Crisis management for safety, food, shelter	Assessment or paperwork with parent	Assessment of child
Cannot exceed 100% total across categories							

Reflection on resilience/strengths seen in parent:

Reflection on notes of concerns for parent/family:

Follow-up Action Items:

External to HV Visit Planning:	Completed:	Date Completed:	Internal to HV Visit Planning:	Completed:	Date Completed:
Follow-up with supervisor/colleague	<input type="checkbox"/> Yes		Follow-up call with parent	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Start a mandated reporting query	<input type="checkbox"/> Yes		Plan next visit sooner	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Make a referral	<input type="checkbox"/> Yes		Gather resources to share	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Engage crisis management team	<input type="checkbox"/> Yes		Select curriculum for next visit to start addressing issue	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	
Other:	<input type="checkbox"/> Yes		Other:	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
	<input type="checkbox"/> N/A			<input type="checkbox"/> N/A	

Items to revisit at next visit:

Topics/Concerns/Plans