

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

## Items to revisit at next visit:

Topics/Concerns/Plans