



Riverside County Department of Public Social Services – Children's Services
Visitation Plan Evaluation – DPSS 3300

CWS/CMS Referral #:		CWS/CMS Child Case #:		Today's Date:	
Mother's Name:			DOB:		
Address:			Mother's Phone:		
Father's Name:			DOB:		
Address:			Father's Phone:		
Eldest Child's Name:			DOB:		
Address:			Child's Phone:		
CSSW Name:		CSSW Phone:		J#:	
SSA/SW Name:		SSA/SW Phone:		Service Component:	
		Indicate who supervised: CSSW <input type="checkbox"/>		SW <input type="checkbox"/>	
				SSA <input type="checkbox"/>	

Location:		Start Time:		End Time:	
Visiting Child(ren)'s:					
Visiting Parent'(s) Name:					
Scheduled Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No			Visitation Order: <input type="checkbox"/> Yes <input type="checkbox"/> No		

QUANTITY OF VISITS			
The parent is scheduled today and is ready for the visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The parent is scheduled today but missed the visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The parent called to advise they were unable to attend	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The parent requested to reschedule the visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comment:			

QUALITY OF VISITS	
<input type="checkbox"/> Strong	As Evidenced by Consistently
Parent(s) Name:	Child(ren's) Name(s):
<ul style="list-style-type: none"> demonstrates parental role 	<input type="checkbox"/> redirecting the child(ren) <input type="checkbox"/> providing nurturance <input type="checkbox"/> engaging the child(ren) in problem solving <input type="checkbox"/> other:



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<input type="checkbox"/> Strong, Continued	As Evidenced by Consistently
Parent(s) Name: <ul style="list-style-type: none"> demonstrates knowledge of child’s development 	Child(ren’s) Name(s): <input type="checkbox"/> using age appropriate expectations <input type="checkbox"/> responding to child(ren)’s physical and emotional needs <input type="checkbox"/> other:
<ul style="list-style-type: none"> responds appropriately to child’s verbal/non verbal signals 	<input type="checkbox"/> engaging the child verbally or non verbally <input type="checkbox"/> initiating eye contact <input type="checkbox"/> holding or hugging the child <input type="checkbox"/> other:
<ul style="list-style-type: none"> puts child’s needs ahead of their own 	<input type="checkbox"/> providing emotional comfort to the child <input type="checkbox"/> reassuring the child about their well-being <input type="checkbox"/> other:
<ul style="list-style-type: none"> shows empathy toward child 	<input type="checkbox"/> demonstrating awareness of child’s emotions <input type="checkbox"/> asking the child about their current feelings <input type="checkbox"/> acknowledging appropriateness of child’s feelings <input type="checkbox"/> other:
<input type="checkbox"/> Adequate	As Evidenced by Occasionally
Parent(s) Name: <ul style="list-style-type: none"> demonstrates parental role 	Child(ren’s) Name(s): <input type="checkbox"/> redirecting the child(ren) <input type="checkbox"/> providing nurturance <input type="checkbox"/> engaging the child(ren) in problem solving <input type="checkbox"/> other:



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Adequate, Continued	As Evidenced by Occasionally
Parent(s) Name: <ul style="list-style-type: none"> ▪ demonstrates knowledge of child’s development 	Child(ren’s) Name(s): <input type="checkbox"/> using age appropriate expectations <input type="checkbox"/> responding to child(ren)’s physical and emotional needs <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ responds appropriately to child’s verbal/non verbal signals 	<input type="checkbox"/> engaging the child verbally or non verbally <input type="checkbox"/> initiating eye contact <input type="checkbox"/> holding or hugging the child <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ puts child’s needs ahead of their own 	<input type="checkbox"/> providing emotional comfort to the child <input type="checkbox"/> reassuring the child about their well-being <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ shows empathy toward child 	<input type="checkbox"/> demonstrating awareness of child’s emotions <input type="checkbox"/> asking the child about their current feelings <input type="checkbox"/> acknowledging appropriateness of child’s feelings <input type="checkbox"/> other:



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<input checked="" type="checkbox"/> Limited	As Evidenced by Rarely
Parent(s) Name: <ul style="list-style-type: none"> ▪ demonstrates parental role 	Child(ren's) Name(s): <input type="checkbox"/> redirecting the child(ren) <input type="checkbox"/> providing nurturance <input type="checkbox"/> engaging the child(ren) in problem solving <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ demonstrates knowledge of child's development 	<input type="checkbox"/> using age appropriate expectations <input type="checkbox"/> responding to child(ren)'s physical and emotional needs <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ responds appropriately to child's verbal/non verbal signals 	<input type="checkbox"/> engaging the child verbally or non verbally <input type="checkbox"/> initiating eye contact <input type="checkbox"/> holding or hugging the child <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ puts child's needs ahead of their own 	<input type="checkbox"/> providing emotional comfort to the child <input type="checkbox"/> reassuring the child about their well-being <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ shows empathy toward child 	<input type="checkbox"/> demonstrating awareness of child's emotions <input type="checkbox"/> asking the child about their current feelings <input type="checkbox"/> acknowledging appropriateness of child's feelings <input type="checkbox"/> other:



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<input type="checkbox"/> Destructive	As Evidenced by Never
Parent(s) Name: <ul style="list-style-type: none"> ▪ demonstrates parental role 	Child(ren’s) Name(s): <input type="checkbox"/> redirecting the child(ren) <input type="checkbox"/> providing nurturance <input type="checkbox"/> engaging the child(ren) in problem solving <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ demonstrates knowledge of child’s development 	<input type="checkbox"/> using age appropriate expectations <input type="checkbox"/> responding to child(ren)’s physical and emotional need <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ responds appropriately to child’s verbal/non verbal signals 	<input type="checkbox"/> engaging the child verbally or non verbally <input type="checkbox"/> initiating eye contact <input type="checkbox"/> holding or hugging the child <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ puts child’s needs ahead of their own 	<input type="checkbox"/> providing emotional comfort to the child <input type="checkbox"/> reassuring the child about their well-being <input type="checkbox"/> other:
<ul style="list-style-type: none"> ▪ shows empathy toward child 	<input type="checkbox"/> demonstrating awareness of child’s emotions <input type="checkbox"/> asking the child about their current feelings <input type="checkbox"/> acknowledging appropriateness of child’s feelings <input type="checkbox"/> other:



Child(ren)'s demeanor at the *beginning* of the visit

Child's Name	Happy	Sad	Mad	Glad	Anxious	Other
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Child(ren)'s demeanor at the *end* of the visit

Child's Name	Happy	Sad	Mad	Glad	Anxious	Other
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: