

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA  
JUVENILE DIVISION**

**IN THE INTEREST OF:** \_\_\_\_\_

**CASE NO.:** \_\_\_\_\_

**MINOR CHILDREN** \_\_\_\_\_ /

**SUPERVISED VISITATION REPORT FOR COURT**

AS TO PARENT \_\_\_\_\_

AGENCY AND CASE MANAGER ASSIGNED TO CASE: \_\_\_\_\_

CHILD PROTECTION RISK:  DOMESTIC VIOLENCE     SUBSTANCE ABUSE     NEGLECT     PHYSICAL ABUSE  
 SEXUAL ABUSE/EXPOSURE     MENTAL HEALTH

IS THERE A CURRENT RESTRAINING ORDER? \_\_\_\_\_ IF YES, WRITE NAME AND RELATION TO CASE  
\_\_\_\_\_

LOCATION OF SUPERVISED VISIT: \_\_\_\_\_

REPORTING PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF PARTICIPANT	PARTICIPANT ATTENDANCE
PARENT:	TOTAL NUMBER OF VISITS SCHEDULED: _____ TOTAL NUMBER OF VISITS ATTENDED: _____ TOTAL NUMBER OF VISITS CANCELLED: _____ TOTAL NUMBER OF VISIT NO SHOW: _____
CHILD:	TOTAL NUMBER OF VISITS SCHEDULED: _____ TOTAL NUMBER OF VISITS ATTENDED: _____ TOTAL NUMBER OF VISITS CANCELLED: _____ TOTAL NUMBER OF VISIT NO SHOW: _____
CHILD:	TOTAL NUMBER OF VISITS SCHEDULED: _____ TOTAL NUMBER OF VISITS ATTENDED: _____ TOTAL NUMBER OF VISITS CANCELLED: _____ TOTAL NUMBER OF VISIT NO SHOW: _____
CHILD:	TOTAL NUMBER OF VISITS SCHEDULED: _____ TOTAL NUMBER OF VISITS ATTENDED: _____ TOTAL NUMBER OF VISITS CANCELLED: _____ TOTAL NUMBER OF VISIT NO SHOW: _____
CHILD:	TOTAL NUMBER OF VISITS SCHEDULED: _____ TOTAL NUMBER OF VISITS ATTENDED: _____ TOTAL NUMBER OF VISITS CANCELLED: _____ TOTAL NUMBER OF VISIT NO SHOW: _____

(Form Adopted: 12-6-18)

Alvarez McBride, Silvia & Gonzalez, Orlando (2018). Supervised Visitation Observation Form. Collaborator: Taylor D. Wall. Contributors: Miami-Dade County Dependency Case Management Agencies: Center for Family and Child Enrichment, Family Resource Center & Children's Home Society. Adapted from *Training & Reference Manual* (2016). Visitation Observation Checklist. State of Delaware, Office of the Child Advocate.

The **Supervised Visitation Observation Form** was used during the visits in order to capture the behavioral and emotional interactions between the parent and child(ren) at each supervised visitation. The following is a summary compiled from all the **Supervised Visitation Observation Forms** for the supervised visitations that occurred from \_\_\_\_\_ TO \_\_\_\_\_.

1. Attendance for the parent and child and time of arrival:

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2. Parent and child hygiene, behavior, and caregiving items needed to meet child's needs:

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3. Parent's communication skills:

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4. Child's response to parent communication and engagement:

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5. Parent's respect for physical space and emotional needs:

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6. Child's response to parent's physical touch and emotional engagement:

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7. Parent's conflict resolution skills:

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8. Child's response to parent limit setting:

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9. Parent's understanding of the child's developmental needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Did the parent provide equal treatment to each child (emotionally and behaviorally) and how did the parent handle sibling interactions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Parent's handling of the end of visit separation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Child's response to the end of visit separation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Need for visitation specialist to intervene during the visits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION REGARDING VISITATION**

- Maintain current supervised visitation order
- Increase current supervised visitation
- Decrease current supervised visitation
- Suspend current supervised visitation
- Change to unsupervised visitation (must consult with case manager, Guardian ad Litem, service providers) Please specify number of hours and days: \_\_\_\_\_
- Additional court ordered clinical services regarding parent(s) or child(ren) Mental Health or Behavior
- Visitation by approved relative(s)/non-relative
- Therapeutic visitation
- Other recommendations \_\_\_\_\_

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PERSON CONDUCTING THE SUPERVISED VISITATION AND COMPLETION OF THIS SUMMARY:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SUPERVISOR

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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