



**LifeSpan Family Services of PA**  
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[www.LifeSpanFamilyServices.com](http://www.LifeSpanFamilyServices.com)

**FAMILY VISIT REPORT**

*(circle one)*

Visit Supervisor/ Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Child(ren): \_\_\_\_\_

Family Members Present: \_\_\_\_\_

Location: \_\_\_\_\_

Did visit occur as scheduled? Y or N If no, explain \_\_\_\_\_

Assessment based on: \_\_ Direct Observations \_\_ Parent-verbal report \_\_ Child- verbal report

Describe any significant behavior before or after visit:

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

Describe interactions between child and parents during visit:

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

Recommendations/instructions for actions prior to next visit:

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

Next Scheduled Visit (include day and time): \_\_\_\_\_