

APPENDICE ZZ

CatholicCare Out of Home Care Contact Transport and Supervision Report

<u>Contact Supervisor:</u>	
<u>Caseworker:</u>	
<u>Date of Contact:</u>	
<u>Venue:</u>	
<u>Time of Contact:</u>	

<u>Child(ren)/Young Person:</u>	
<u>Date Of Birth:</u>	
<u>Birth Parents attending: (if not reason why)</u>	
<u>Significant Others attending:</u>	
<u>Other:</u>	

Transportation to Contact: (including child(ren) appearance, affect and any conversation)

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Contact Session: (Describe Observations, including greetings and farewells, anything provides by the family in the session, levels of interaction and relationship)

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Transportation From Contact: (including child(ren) affect and conversation)

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Positive Aspects of Contact: (ie: boundaries implemented, positive interactions, education, safety and positive parenting)

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As the supervisor did you demonstrate any strategies to the birth parents/significant others throughout the contact to manage specific situations? (Describe)

As the supervisor were you aware of any previously demonstrated strategies having been adopted in contacts by the birth parents/significant others? (Describe)

Any relevant discussions with the birth parents/significant others during or after contact?

Any other relevant information?

Report Authored by: _____

Dated: _____

Date given to Caseworker _____

<input type="checkbox"/> Any concerns/difficulties debriefed	Date:	Who:
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