



Asante Visitation Center, 2210 E. Highland Ave. Suite 101, San Bernardino CA 92404

Asante Visitation Plan

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ASANTE VISITATION PLAN

Court Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Today's Date:
Start Time:	End time:
Length of Session: <input type="checkbox"/> One hour <input type="checkbox"/> Two hours <input type="checkbox"/> Other	
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> One a month <input type="checkbox"/> Other:	
Referring Agency: <input type="checkbox"/> DCS <input type="checkbox"/> Family Law <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Individual <input type="checkbox"/> Other	
<input type="checkbox"/> Scheduled/ready for visit <input type="checkbox"/> Scheduled/no-show <input type="checkbox"/> canceled <input type="checkbox"/> rescheduled <input type="checkbox"/> Other	
Comments:	

Visiting Parent Name/Relationship	
1.	2.
Visiting Child(ren)	
1.	4.
2.	5.
3.	6.
Other Approved Visitors (grandparents, aunts, uncles)	
1.	3.
2.	4.

Quality and Adequate of Visit	
<input type="checkbox"/> Demonstrates parental role	<input type="checkbox"/> Demonstrates knowledge of child's development
<input type="checkbox"/> Responds appropriately to child's verbal/non verbal signals	<input type="checkbox"/> Puts child's needs ahead of their own
<input type="checkbox"/> Shows empathy towards child	<input type="checkbox"/> Other
Comments:	

Limitation of Visit	
<input type="checkbox"/> Does not demonstrates parental role	<input type="checkbox"/> Does not demonstrates knowledge of child's development
<input type="checkbox"/> Does not responds appropriately to child's verbal/non verbal signals	<input type="checkbox"/> Does not puts child's needs ahead of their own
<input type="checkbox"/> Does not shows empathy towards child	<input type="checkbox"/> Other
Comments:	



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Child(ren) Demeanor at the BEGGINING of the Visit.							
	Child's Name	Happy	Sad	Mad	Glad	Anxious	Other
1							
2							
3.							
4.							
5.							
Comments:							

Child(ren) Demeanor at the END of the Visit.							
	Child's Name	Happy	Sad	Mad	Glad	Anxious	Other
1							
2							
3.							
4.							
5.							
Comments:							

VISIT NOTES:

Name of Visitation Specialist

Name of Agency Representative Needing Report

Address:

Tel#: _____ **Fax:** _____ **Email** _____