

Participant Patterns in Home Visits Detail

(If you have provided services for the participant for less than 6 months, respond for the time you have provided services.)

Date: _____

Participant Name: _____

Over the past 6 months, how concerned were you about this participant?

- ☐ Typical
- ☐ Varied between typical and slightly higher than typical
- ☐ Slightly higher than typical
- ☐ Varied between slightly higher than typical and high
- ☐ High

Concern Due To:

<i>Child's emotional and or physical health status</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Child's experience of neglect and/or abuse</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Participant's emotional and/or mental health status</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Participant's developmental and/or cognitive status</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Participant's living conditions and/or homelessness</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Participant's personal and/or family financial status</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Participant's experience of family and/or community violence</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Other</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Over the past 6 months, how involved was this participant during the home visits?

- ☐ Consistently and highly involved during last 6 months
- ☐ Involvement varied during last 6 months
- ☐ Involvement in last 6 months was consistently low
- ☐ Not involve at all
- ☐ Not sure

Over the past 6 months, how much did this participant follow through on recommended activities between home visits?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never
- ☐ Not Sure