CAREGIVER FEEDBACK ON
FAMILY INTERACTION

Name: ___________________________________________ Who supervised the interaction: _________________________

Date of interaction: ___________________________ Time: ______ On time/late: _____________________________

Where was the interaction: _________________________________________________________________

Who was present: _________________________________________________________________

How did child respond when seeing parent? _________________________________________________________

Was the child rested and ready for the family interaction (explain)? _________________________________

Did the parent appear impaired? If so, state what you observed that makes you think the parent was impaired: ______

What did they do during the interaction? __________________________________________________________

Was the parent able to set limits? (give examples)

How was the child(ren’s) behavior after the family interaction? _______________________________________

Did the parent stay for the entire interaction? ______ Yes ______ No

If no, why not: ___________________________________________________________

SAFETY CONCERNS: _________________________________________________________________

Submitted by ___________________________ Date ________________