

**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 _____