

## VISITATION PLAN

For each child, state type, time, level of supervision, frequency, duration, location of visits, and transportation arrangements. Revise as often as necessary. If children are separated, also include a plan for sibling visitation. Different forms should be completed when the children have different visitation plans.

<b>Child(ren) Name(s):</b>	

**This plan with \_\_\_\_\_ is effective \_\_\_\_\_ through \_\_\_\_\_.**

<b>Supervision:</b>		<b>By Whom:</b>	
Yes      No			

**Place of visit:**

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**Frequency of visits:**

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**Hours:**

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**Length of visits:**

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**Transportation Arrangements:**

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**Special Considerations:**

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Signatures: Child/Youth ( if appropriate) \_\_\_\_\_ Date \_\_\_\_\_ Parent(s) \_\_\_\_\_ Date \_\_\_\_\_  
 Social Worker \_\_\_\_\_ Date \_\_\_\_\_ Others \_\_\_\_\_ Date \_\_\_\_\_