

7 Contact supervisor – Observations of contact

Interactions during family contact with parents and between siblings

Please use this form to note interactions between parents and children and between siblings.

Date:	
Venue:	
Names of children:	

Interactions between parent/s and children

1. How did parents greet each child?

2. During contact, was there any evidence of differential treatment (DT) and/or differential affection (DA) shown by parents or adult birth relatives?
YES/NO
If YES, please state: first time observed/has been observed occasionally/is observed regularly/is observed in most or all contacts DT from _____ to _____
If YES, please state: first time observed/has been observed occasionally/is observed regularly/is observed in most or all contacts DA from _____ to _____

3. Brief outline of what was observed

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Interactions between siblings

1. If the children arrived at different times, how did they greet each other?

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2. Outline who interacted and played together. What evidence of fun and shared enjoyment did you observe and between whom?

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3. Does one or more of the children tend to dominate? If YES, who?

YES/NO

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4. Were there any instances of one child helping or comforting a sibling? If YES, who?

YES/NO

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5. Were there any instances of one child physically hurting a sibling? If YES, who?

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Observations of contact: family contact

YES/NO

Name:	
Signature:	
Role:	
Date:	