## **Special Needs Child Welfare Home Visit Checklist**

Date of Visit
Child's Name
Caregiver(s) Name(s)
Address
Contact Number
Home Environment
Safe Clean Accessible for special needs Child has personal space
Notes
Child's Health & Medical Needs
<ul> <li>□ Taking prescribed medication</li> <li>□ Regular doctor visits</li> <li>□ Receives specialized therapy</li> </ul> Notes
Education & Development
Attending school/center
Notes
Caregiver Interaction  Positive interaction Caregiver is responsive to needs

Demonstrates understanding of child's special needs
Notes
Child's Emotional & Social Well-being
Appears happy  Engaged in activities  Interaction with peers/siblings
Notes
Follow-up Actions / Recommendations
Follow-up Actions / Recommendations