



CHANGEOVER REPORT FORM

(To be completed each changeover)

VISIT DETAILS

Completed by / Supervisor	
Location	
Date	

COURT ORDERS VIEWED

Date	Yes	No
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DETAILS OF ORDERS

PARTICIPANTS

Name	Age	Relationship	Contact No	

CHANGEOVER

Drop off	Time arrived	Time departed
Parent 1 – Arrives 15 mins prior to changeover		
Parent 2 – Arrives on time – collects child/ren, then leaves		
Parent 1 – Leaves after parent 2 has left with child/ren		
Pickup		
Parent 2 – Arrives 15 minutes before end of changeover with children		
Parent 1 – Arrives on time to collect child/ren and leaves		
Parent 2 - Leaves after parent 1 has left with child/ren		

GENERAL OBSERVATIONS / SPECIFIC ISSUES AND/OR ACTIONS IF REQUIRED

PAYMENT	
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