

**RAPPORT FRÅ TILSYNSFØRAR VED SAMVÆR**

Barnet/ungdomens namn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dato og stad for samvær: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Namn på tilsynsførar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Kven bragte barnet til samvær:  
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*Skil tydeleg mellom det som faktisk skjer (dine observasjonar, fakta) og dine tolkingar eller forståinga av desse. Ver òg tydeleg på kva som er dine vurderingar av situasjonar.*

Opplysningar om samværet: *(Stad, kven er til stades, aktiviteter, m.m.)*

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Beskriv kommunikasjon og samspel mellom barnet/ungdomen og foreldra (*Initiativ, fokus, tema for samtale, foreldras opptreden)*:

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Spesielle hendingar under eller i forbindelse med samværet, eller spesielle reaksjonar hos barnet/ungdomen (*Av positiv eller negativ betyding for barnet/ungdomen)*:

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Tilsynsførar si rolle under samværet *(aktiv/passiv tilstedeværelse, råd/rettleiing, evt inngripen)*

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Eventuelle tilføyelsar og tilsynsførars vurdering av samværet:

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Beskriv avslutninga av samværet: (*evt reaksjonar hos barnet/foreldra, kven tok initiativet til avslutning)*  
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Behov for rettleiing: Ja Nei

Eventuelt kvifor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stad/dato:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Underskrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Underskrift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_