

RESPIRE CARE REPORT

Child _____

Date of respite _____

Respite care provider _____

1) Rate the child's behavior on a scale from 1-10 (1= very good, 10= difficult) _____

2) Was this an emergency or planned respite? _____

3) What were the positives of this respite? _____

4) What were the negatives of this respite? _____

5) Who brought this child to respite in your foster home ? _____

6) Who picked up this child from your foster home ? _____

7) Have you had this child on respite before? If yes, how many times ? _____

8) Was on-call needed during this respite? If yes, for what reason? _____

9) Would you have this child back on respite? Why or why not? _____

10) Was medication administered during this respite? _____

11) Did you receive and return child's information folder to person transporting child?

12) Any additional comments/ suggestions? _____

* Please attach daily behavior logs to this report.

Respite Foster Caregiver signature _____

Date _____