Child Information (Confidential)

Child's Name		Birth Date	
Length of time in your care			
Formula governo postivitino things to do			
Favorite games, activities, things to do			
History (select all that apply to the child	d)		
Sexual abuse	Neglect		
Drug exposed	Physical abuse		
Abandonment	Drug addicted		
Emotional abuse	Failure to thrive		
Parent alcohol/drug addicted			
Comments:			
Diagnoses and Disabilities			

Select any behaviors or conditions below that the respite provider should know about

Abusive to animals

Bedwetting

Easily frustrated

Aggressive

Depressed

Jealous

Verbal abuse of others Inappropriate noises

Nervous ticks Runs away
Needs immediate gratification Abusive to self

Anxious Smokes

Dislikes being touched Excessive shyness

Lies Manipulative
Overly demanding Uncooperative
Weeps or cries with provocation Alcohol use

Argues Clingy/possessive
Defiant Doesn't want hugs
Forgetful Talks excessively
Mood swings Plays with matches

Temper tantrums Requires constant supervision

Medical Information

Medication	Dosage
Time Given	
Purpose	
Medication	Dosage
Time Given	
Purpose	
Medication	Dosage

Time Given

Purpose

Medication	Dosage
Time Given	
Purpose	
Any allergies? If so, explain.	

Please select all health concerns that apply

Other

Special foods or diet? If so, explain.

Asthma	Attachment	Convulsive disorder
Diabetes	HIV/AIDS	ADHD
Premature birth	Speech disorder	Autism
Cancer	Cystic fibrosis	Epilepsy
STDs	Down syndrome	Fetal alcohol
Blind/visual loss	Cerebral palsy	Deaf/hearing loss
Failure to thrive	Muscular disorder	Drug affected
Orthopedic		

Select the most appropriate statement about safety issues (if any):

Child does not realize their diagnosis and needs close supervision
Child is aware of, but does not watch for danger, and needs close supervision
Child needs to be reminded to watch for danger, but not constant supervision
Child is generally cautious

Mental Health

Is the child in therapy? Yes No

If yes, name and phone number of therapist

If no, has child been in therapy in the past?

What was the primary diagnosis

Has the child been recently hospitalized for behaviors or other mental health related issues? If so, explain.

Which of the following behaviors has this child exhibited in the past year?

Confused thinking Inappropriate bizarre behaviors Inappropriate emotional responses Inappropriate attention seeking

Masturbation in public Masturbation in private

Antisocial acts Fire setting

Refusal to follow limits Self-abusive behaviors

Sleep complaints Suicidal ideation or behavior

Alcohol/substance abuse Eating disorders
Serious sleep disturbances Extreme sadness
Social phobias School suspension

School tardiness/absences

Stealing

School suspension

Family withdrawal

Criminal activity

Running away Frequent conflicts with authority

Extreme anxiousness

Other

Are there things that will trigger certain behaviors with this child? Explain.

How does this child like to be confronted?
Are there interventions that are effective in de-escalating the child?
Socialization
Is the child manipulative in social interaction? If so, how?
Does the child engage in inappropriate behavior to gain attention? If so, how?
Does the child (select all/any that apply)
Always have to be right? Brag excessively? Try to "act cool" all the time?
Sexuality
Does the child interact appropriately sexually?
Are there concerns about sexual behavior or issues? If so, explain.

Are there special social/public guidelines to be aware of and enforce? If so, explain.

Are there particular social/public activities to avoid with this child? If so, explain.

Sibling Interaction

Describe the child's interactions with siblings at home versus social/public situations

Peer Interaction

Describe the child's interaction with peers in social/public situations