

# Certified Respite Program Provider Evaluation/Report Form

Name of Respite Provider:

Name of Foster Family:

Dates and Times of Respite:

Was the respite (choose one):                      planned?                      emergency?

Ages of children cared for:

Was this the first time you have provided respite for this family?	Yes	If yes, did you have a pre-respite meeting?	Yes
	No		No

Did you receive adequate information from the family about the child's needs, behavior, schedule, etc.? If no, please explain.

Did the family provide adequate food, clothing, and supplies needed for respite? If no, please explain.

Did you feel adequately trained to meet the children's needs? If not, please explain.

Did the children exhibit any negative behaviors during respite? If so, what were they and how did you address them? (ex. time out, verbal reprimand, etc.)

Did any significant problems arise during the respite that required you to ask for assistance? If yes, please explain.

If yes, were you able to obtain the assistance you needed?  
From whom?

Did you complete an incident report?

Would you be willing to provide respite for this family in the future? If not, please explain.

Do you have any suggestions for improving the certified respite care program?

Other comments?