

RESPITE CARE REPORT FOR TREATMENT FOSTER CARE

Please note this must be completed each time you provide respite services to a Treatment Level foster child. This form must be given to the foster parent at the time of pick up.

Respite Provider: _____

Date of Service: _____

Child's Name: _____

Level of care: _____

OVERALL RESPITE RATING: (5) excellent (4) good (3) satisfactory (2) fair (1) poor.

Rate: _____

Explanation of rating: _____

Respite Behavioral Log: Describe youth's behavior, surrounding circumstances, reactions or consequences given during his stay. Note frequency of behaviors, time of occurrence, etc. (include positive/negative behaviors, rewards/consequences, and significant contacts/conversations). Address overall adjustment.

List any concerns regarding the child's respite stay:

Respite Provider: _____

Date: _____

IMPRINT Coordinator: _____

Date: _____