

**Parent/Guardian & Respite Care Provider**  
**ORIENTATION INFORMATION FORM**  
**PAGE 1- For Parent/Guardian to keep**

Date \_\_\_\_\_

**Respite Care Provider Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Experience as a respite care provider** \_\_\_\_\_

\_\_\_\_\_

**Training in respite care or related areas** \_\_\_\_\_

\_\_\_\_\_

**Certificates (CPR, First Aid, etc.)** \_\_\_\_\_

**Important religious, cultural, or ethnic practices** \_\_\_\_\_

**Safety and Protection:**

Is your house child proofed?  Yes  No

Do you allow ATV use?  Yes  No

Do you have firearms on site?  Yes  No

If yes, are they secure?  Yes  No

Is there access to alcohol or prescription drugs on site?  Yes  No

Do you take precautions for water safety?  Yes  No

Do you have adult backup in case of an emergency?  Yes  No

**Parent/Guardian & Respite Care Provider  
ORIENTATION INFORMATION FORM  
PAGE 2-For Respite Care Provider to Keep**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Is your child on medications? Yes No If yes, please list:

Medication	Dosage	Frequency

List any over the counter medication that the respite care provider can administer  
\_\_\_\_\_

List any special foods your child likes \_\_\_\_\_

List any foods that should be avoided \_\_\_\_\_

List all known allergies \_\_\_\_\_

List any medical problems \_\_\_\_\_

List any special needs, such as a blanket \_\_\_\_\_

What specific strengths and talents does your child have? \_\_\_\_\_  
\_\_\_\_\_

List any activities that help your child with transition or stress \_\_\_\_\_  
\_\_\_\_\_

Are there specific structured activities your child likes doing? \_\_\_\_\_  
\_\_\_\_\_

What outdoor activities does your child enjoy? \_\_\_\_\_

Can your child swim? Yes No Is your child afraid of water? Yes No

Does your child read/like to read? Yes No

**Parent/Guardian & Respite Care Provider**  
**ORIENTATION INFORMATION FORM**  
**PAGE 3-For Respite Care Provider to Keep**

**Does your child exhibit any of the following challenging behaviors or characteristics?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> lying           | <input type="checkbox"/> fears               | <input type="checkbox"/> yelling, screaming, profanity |
| <input type="checkbox"/> stealing        | <input type="checkbox"/> destroying behavior | <input type="checkbox"/> physical aggression           |
| <input type="checkbox"/> temper tantrums | <input type="checkbox"/> running away        | <input type="checkbox"/> suicidal                      |
| <input type="checkbox"/> hallucinations  | <input type="checkbox"/> depression          | <input type="checkbox"/> self injury                   |

**Suggested Cooling Down Strategies** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restrictions**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> TV _____    | <input type="checkbox"/> Computers _____ |
| <input type="checkbox"/> Phone _____ | <input type="checkbox"/> Other _____     |

**Does your child have a curfew?**  Yes \_\_\_\_\_  No

**Is your child on probation?**  Yes  No

**Transportation arrangements (will be agreed upon by parent/guardian)**

Transportation TO the respite provider will be provided by  
\_\_\_\_\_

Transportation FROM the respite provider will be provided by  
\_\_\_\_\_

**Parent/Guardian & Respite Care Provider**



**Parent/Guardian & Respite Care Provider**  
**ORIENTATION INFORMATION FORM**  
**PAGE 5-For Respite Care Provider to Keep**

**3. Outside informal assistance**

List the informal support people who can provide on site or telephone assistance. These are usually people who have a calming effect on the focus person or can provide assistance with the other children while parents or educators concentrate on implementing the crisis plan. Sometimes the informal assistance people won't focus on the child, but will provide support and coaching to the adults involved. Strive for a list of people in case the first person can't be reached. Include their phone numbers on the crisis plan. *If outside assistance isn't successful, go to Step 4*

**Informal assistance names and numbers list:**

Name	Number

**4. Outside formal assistance**

When Steps 2 and 3 have been tried and the crisis behavior continues, it may be necessary to call the police. Officers may appreciate suggestions and clear expectations when making this call. Their primary activity will always be to assess safety, but they may also be the most skilled people on the team in calming people down. Knowing what was tried in Steps 2 and 3 and the results will be important to them. *If crisis responders take the person into custody, go to Step 5*

**5. Law enforcement custody**

If law enforcement is involved contact parent/guardian or others listed as priority by family. See contact numbers on page 6.

