



1606 Hunt Drive
Normal, Illinois – 61761
(309) 451-8888

CHECKLIST FOR RESPITE CARE

The primary caregiver of the person receiving Respite must have this checklist completed and available to Respite staff at all times. Please go over this information thoroughly with every new staff person that works in your home and have them sign and date on the signature sheet provided. Please encourage new staff to get acquainted with the individual receiving Respite before they begin work on their own.

Date: _____ School Placement: _____

Name: _____ B/D: _____ Race: _____ Sex: _____

Address: _____ City: _____ Zip: _____ County: _____

Telephone: _____ Social Security #: _____

Mother's Name: _____ Public Aid #: _____

Address: _____ City: _____ County: _____

Father Employed By: _____ Phone #: () _____

Mother Employed By: _____ Phone #: () _____

Guardian or Conservator: _____

Are there any other children in the home? _____

Sibs: _____ B/D: _____ School Placement: _____

Pets? _____

Contacts in Case of Emergency:

Name: _____ Address: _____

Phone #: () _____ Relationship: _____

Name: _____ Address: _____

Phone #: () _____ Relationship: _____

Name: _____ Address: _____

Phone #: () _____ Relationship: _____

(Emergency Contacts continued...)

In case of an emergency and child needs to be taken to the emergency room, do you want your own family doctor, or the doctor on call? _____

Diagnosis: _____

General Description: _____

Behavior at home and school (include fears, likes and dislikes): _____

Are there any special behavior problems with your child? _____ Please describe in detail of behaviors and techniques that you use in handling behavior problems. Is there a written behavior plan?

Eating:

Does your child have a special time to eat? _____ Is your child allowed special treats? _____ If so what kinds? _____

Likes and Dislikes: _____

Does your child feed himself or needs help: _____

Special Diet: _____

Special Feeding Instructions: _____

Food Allergies: _____

Communication:

Talks: _____

Understands: _____

Other: _____

Bedtime:

Time: _____ Type of Bed: _____ Nap: _____

Ritual: _____ Awakens during the night: _____

Does your child need a night light? _____

Toileting:

Does your child need supervision / assistance when going to the bathroom? _____

Please Specify: _____

How Often: _____ Indicate Need? _____ How? _____

Wet the Bed? _____ Is your child diapered? _____

Medical:

Name of Physician: _____

Address: _____

Phone Number: _____

Name of Dentist: _____

Address: _____

Phone Number: _____

Medication (name of medication): _____

Allergies to any medications, bees, environment: _____

Time Administered: _____ A.M. _____ P.M. _____ Other _____

How should staff deal with a medication error: _____

Physical Therapy, describe: _____

Special Medical Problems: _____

Does your child use any type of special equipment? (such as helmet, braces, wheelchair, etc.) Please describe the care and use of the equipment for staff: _____

If so, can your child put on and remove this equipment alone, or is assistance or supervision needed? _____

Seizures: _____ Frequency: _____

Describe a typical seizure and duration: _____

Describe how handled: _____

History of serious illness or injury, explain: _____

Restriction of activities: _____

Special Routines at Home:

Does your child take their own bath? _____ Is there a certain time it is taken? _____

Does your child brush their own teeth? _____ Is there a certain time? _____

Does your child brush their own hair? _____

Does your child pick out their own clothes? _____

Does your child dress themselves? _____ If not what help is needed? _____

If your child needs supervision / assistance with any of the above, please specify in detail: _____

Does your child need constant room -to-room supervision? Why: _____

Do's and Don'ts: Things a Respite worker should or should not do for your child: _____

What should staff do in case of medical or behavioral emergencies? Please list all contact phone numbers and a plan in the event of staff's inability to contact you.

Please list all the activities in the home as well as the community that the individual receiving Respite enjoys doing:

Emergency Protocol for your Family:

What should staff do in case of a fire: _____

Please show staff your fire safety plan which includes a meeting location.

What should staff do in case of a tornado: _____

Please assign a safe place in the house, which includes a working radio and flashlight.

What should staff do in case of inclement weather: _____

Please indicate the location of all emergency equipment kept in the house – such as fire extinguisher, first aid kits, candles, torch lights, etc.

Please list the location of posted emergency contact numbers: _____

Parent / Guardian Signature

Date

Staff

Date

Staff

Date

Staff

Date

Staff

Date

Staff

Date

Staff

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Staff

Date

Staff

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