

Client #: _____
Today's Date: _____



Client Information Form: Respite Program

Name: _____ Gender: _____

Grade: _____ DOB: _____ Diagnosis: _____

Ethnicity: _____ Language: English Speaking/Spanish Speaking (circle)

Guardian: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Does your child have any of the following (check all that apply)?

	Yes	No	Describe
Visual impairment			
Hearing impairment			
Seizures			
Allergies			
Motor impairment			
Sensory sensitivities			
Other:			

Does your child take any medication (list all)? _____

Referral Information: How did you hear about us? Please include the name and/or agency that referred you. _____

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Does your child engage in any of the following behaviors (check all that apply)?

Behavior	Yes	No	Frequency, comments
Property destruction			
Physical aggression			
Verbal aggression			
Noncompliance			
Elopement			
Self-injurious behavior			
Other:			

Please describe how your child interacts with peers: _____

What are your child's preferred activities, snacks, and objects? _____

What are your child's non-preferred activities, snacks, and objects? _____

What age group does your child prefer to play with or typically engage? _____

Does your child (check all that apply):

- Require prompting to interact with other children
- Resist when asked to interact with other children
- Have difficulty participating in a group
- Play alone
- Take turns
- Become upset when others do not play in the manner he/she wanted
- Engage in perseverative/repetitive behaviors
- Engage in parallel play