

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. \_\_\_\_\_  
\_\_\_\_\_

Client #: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

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