

RESPITE CARE PLAN for: _____ **Date:** _____

Respite Provider Name: _____

Parent/Guardian/Caregiver Name: _____

Emergency Contact/Phone Number: _____

1. What does your child like to do for fun?

2. What are some things that upset/escalate your child?

3. What works to calm/de-escalate your child?

4. Does your child have any **unsafe** behaviors that I should be aware of?

5. What are some foods that your child enjoys eating? Any food allergies?

6. Any medical concerns or medication that would need to be given?

7. What are your rules/expectations around screen time and other activities?

8. Do you have any specific needs or requests for respite services? Preferred location/schedule?

9. Is there anything else you feel comfortable sharing about your child in order for me to provide the **best care for them?** (You may write on the back of this page or another piece of paper if needed)