

#2 Please return this page



Bay Respite Care Evaluation Sheet

Date Completed _____

Client Name _____

Birth date _____ Primary Language(s) _____

MEDICAL/STATISTICAL INFORMATION:

Diagnosed Disabilities _____

Other Health Problems _____

Seizures? Yes ____ No ____ What type? _____

Special Instructions _____

Allergies (including foods, medications, animal, and seasonal) _____

Medications Yes ____ No ____ Please list _____

Ambulation please circle below all that apply

Walks independently Walks with assistance Uses adaptive equipment

Non-ambulatory Bears weight

Lifting procedure or special instructions _____

*Clients weighing over 30lbs, who cannot bear weight, may require a two-person lift

Bathing please circle-

Independent Needs Assistance Total Care Tub Only Bath Only

Describe _____

Special Equipment Available _____

Communication Verbal Yes ____ No ____ please circle below all that apply

Clear Speech Speaks in sentences Single Words Articulation difficulties

Sign Language Gestures Meaningful non-verbal sounds Speech therapy

Height _____ Weight _____ Sex _____

EMOTIONAL CHARACTERISTICS/BEHAVIORAL INFORMATION:

Personality please circle below all that apply

Social Playful Quiet Withdrawn Affectionate Hyperactive Tantrums

Aggressive Self Abusive Runs/Wanders Away Cautious Slow to Warm Up

PLEASE TURN OVER AND COMPLETE BACKSIDE

Is the client ever violent? Yes ____ No ____ How often? _____

Behavior Problems _____

What triggers the behavior problems/violent episodes? _____

How is this handled? _____

Does s/he have a sense of danger? Yes _____ No _____ Please describe _____

Cognitive delay please circle- None Mild Moderate Severe Profound

Comprehension Ability _____

HOME INFORMATION:

Siblings please list name and date of birth-

Who is not allowed to be at the home during respite please list name and relationship-

Pets-

SPECIAL INSTRUCTIONS:

AUTHORIZED SIGNATURES:

All people who are authorized to sign the Respite Care Provider's timesheets (they must be over 18 years old). Anyone who does NOT sign here is NOT authorized to sign the timesheets. Please give name, relationship, and signature. (This is usually the parents/legal guardians)

_____ Name	_____ Relationship	_____ Signature
_____ Name	_____ Relationship	_____ Signature
_____ Name	_____ Relationship	_____ Signature