



*Summary of how the child behaved during the months respite:*

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*Problems/concerns:*

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*Please respond with Y (yes) or N (no) to the following questions:*

Did the youth attend school during the respite? \_\_\_\_\_

Did you transport the youth to any scheduled mental health appointments? \_\_\_\_\_

Did you administer any medications to the child during the respite? \_\_\_\_\_

Where you instructed by the guardian on when and how to administer medication? \_\_\_\_\_

Did the medicine arrive with the child in the prescribed appropriate container, labeled in the child's name? \_\_\_\_\_

*Behavioral issues: (Check all that apply)*

<input type="checkbox"/> Biting	<input type="checkbox"/> Clingy	<input type="checkbox"/> Cruelty to Younger Children
<input type="checkbox"/> Destructive to property	<input type="checkbox"/> Thumb sucking	<input type="checkbox"/> Eating Problems
<input type="checkbox"/> Encopresis/Enuresis	<input type="checkbox"/> Excessive Crying	<input type="checkbox"/> Explosive Outbursts
<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Hair pulling	<input type="checkbox"/> History of Violence
<input type="checkbox"/> Hurts animals	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Withdrawn/Fearful
<input type="checkbox"/> Jealous/selfish	<input type="checkbox"/> Lying	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Truancy	<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Running Away
<input type="checkbox"/> Self-abusive	<input type="checkbox"/> Sexually acting out	<input type="checkbox"/> Short Attention Span
<input type="checkbox"/> Sleeping Problems	<input type="checkbox"/> Smoking/tobacco use	<input type="checkbox"/> Stealing
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Suicidal/Homicidal	<input type="checkbox"/> Swearing
<input type="checkbox"/> Talking back	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Threatening
<input type="checkbox"/> Others :		