



Application for Behavioral Respite Care

Parent(s) _____

Address _____

Phone _____

Employment _____ Phone _____

Referral Source _____

Referred Child/Youth _____ Sex M F

D.O.B. _____ Age _____ S S # _____

School _____ Grade _____

Names of Siblings	Ages	Living in the Home?
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Information about Referred Child:

Type of Educational Services Provided:

regular education

regular education with special education consultant

regular education with some special education classroom time

special education classroom _____

day treatment school

residential School

home school/homebound program

hospital school program

other _____

not attending school

speech and language therapy

occupational therapy

Physical therapy

Adaptive physical education

Other _____

Has the school assessed your child? Y N

If yes, what areas?

intelligence

psychological

social functioning

other _____

Parent Description of Problem/Difficulties:
