

House of New Hope

RESPITE CARE PROGRESS REPORT

Instructions: Complete a separate Progress Report for each child/youth and return within 48 hours.
 FAX to 740-745-3429 or EMAIL to criticalincident@houseofnewhope.org

Foster Child/Youth Name: _____

Respite Caregiver Name: _____

Date Respite Care Provided: FROM: _____ TO: _____

Please answer the following questions:

YES	NO	QUESTION	EXPLANATION, if you answered yes
		Did the child/youth misbehave or act inappropriately at anytime during their respite?	
		Did the child/youth miss any scheduled appointments or school days?	
		Did the child/youth share any personal or private information during the respite?	
		Did the child/youth make contact with their parents or family members, foster parent, caseworker, etc.?	
		Did the child/youth take any medication during respite?	
		Did the child require any first aid or emergency medical care during the respite?	
		Did the child/youth participate in any special activities?	

	Would you be willing to provide respite for this child/youth again? If not, please explain:

Additional Comments:	
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Respite Caregiver signature: _____

Date: _____