



EFM RESPITE CARE  
GETTING TO KNOW MY CHILD

(one form per qualifying EFM child)

General Information:

1. Name/age of your EFM child:
2. In what ways will your child need specialized assistance from the respite care provider?
3. What important information would you like the provider to know about your child?

Behavior:

1. How does your child handle meeting new people/changes in the environment?
2. Are there any specific behaviors you would like the provider to know about? If so, are there specific events that lead to these behaviors and are there ways to handle them?
3. Does your child have a favorite comfort item?
4. Additional information you want your provider to know about your child.

Play:

1. My child's preferred activities (i.e. specific games, toys etc.):

Other activities my child enjoys:

TV/Video/Computer guidelines:

|             |  |
|-------------|--|
| TV          |  |
| Video Games |  |
| Computer    |  |
| Other       |  |

Food:

List any food allergies and effects:

| Allergy | Effect |
|---------|--------|
|         |        |
|         |        |
|         |        |
|         |        |

Foods I do NOT want my child to eat or that he/she does not like?

Favorite foods:

Routines:

Please describe your child's routines:

|              |  |
|--------------|--|
| Toileting    |  |
| Meals/Snacks |  |
| Naptime      |  |
| Bedtime      |  |
| Bathing      |  |
| Homework     |  |
| Other        |  |