

Student Registration Form

Student's Name: _____

Parent/Guardian's Name: _____

Student's Date of Birth: _____

Student's Home District _____

Student's Attending District _____

Phone: _____ Cell Phone: _____

Email: _____

Can we rely on email to notify you of changes regarding respite? Yes No

By registering as a legal guardian of the Student in whose name respite is provided, I agree to the following:

- I have received, understood, and will abide by the Respite Guidelines
- I consent to allow the local Respite Facilitator to process my registration.
- I consent to allow the Facilitator and Statewide Director to retain a copy of the Student Profile Form for their own records
- I consent to allow the Student Profile Form to be shared with Provider scheduled to provide Respite for me

Print Name

Sign Name

Date

Student Profile

Date _____

Student Name: _____
Nicknames? _____
Date of Birth: _____
Address: _____

Parents are responsible for listing all of the Student's challenging behaviors and significant medical conditions on the Student Profile, including updating the Profile as conditions change.

Health

Does he/she have any **allergies**? Yes No

If yes, please list them, and describe any special precautions and how to respond if the student is exposed

Does he/she have **seizures**? Yes No
Describe the seizure: how often they occur, how long they last, when hospital should be called, & any restrictions once seizure has occurred

Parents must always be called after any actual or possible seizure

Any other **significant medical conditions**? _____

Likes and dislikes

<i>Favorite</i>	<i>Circle anything used specifically to reinforce good behavior</i>
Things to eat	_____ _____
Things to play with	_____ _____
Things to do	_____ _____
Places to visit	_____ _____
Other	_____ _____

What does he/she dislike or fear? _____

Communication

How does he/she **communicate** to ask for things, ask for help, indicate yes/no, etc?

<i>Mode</i>	<i>Please list examples</i>
<input type="checkbox"/> Verbally	_____
<input type="checkbox"/> PECS	_____
<input type="checkbox"/> Signs	_____
<input type="checkbox"/> Other	_____

Daily routines

Sleep

Usual bedtime _____

Usual wake time _____

Bedtime Rituals/routines _____

<input type="checkbox"/> Goes to sleep easily	OR	<input type="checkbox"/> Difficulty going to sleep – describe _____
<input type="checkbox"/> Sleeps through the night	OR	<input type="checkbox"/> Wakes during the night. – when? _____
<input type="checkbox"/> Rises easily in morning	OR	<input type="checkbox"/> Needs to be awakened

Self-Care

<i>Skill</i>	<i>Independent</i>	<i>With supervision</i>	<i>With Assistance</i>	<i>Fully prompted</i>	<i>Comment</i>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use fork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use spoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wash Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wash Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bath / shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wash Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brush Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Get Dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pick out clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

When does he/she take a bath/shower _____ Brush teeth? _____

How does he/she request to use the bathroom? _____

If he/she is on a toileting schedule, please provide the schedule _____

Eating

	<i>When does he/she eat</i>	<i>What does he/she eat</i>	<i>Other comments</i>
Breakfast?	_____	_____	_____
Lunch?	_____	_____	_____
Dinner?	_____	_____	_____
Snacks?	_____	_____	_____

Any foods to avoid? _____

Any special diet or feeding instructions: _____

Community

Does he/she pose any risks related to community outings – e.g., tend to wander or run away, become anxious or distressed by unfamiliar or crowded settings Yes No

If yes, please list some typical community settings or activities to avoid :

Challenging Behaviors

Describe any challenging behaviors – e.g., that raise the risk of injury to the Student or to others, or damage to surroundings, or disrupt play, interactions, or community outings

What is the behavior?	Why does he/she do it	How do we respond?	How can we prevent it?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person providing this information: _____

Today's Date: _____