

Respite Placement Report – Out of Home Care

Child:

Report date:

Placement:

Respite Period:

How many nights?:

Social:

- *Please include any games played/movies watched*
- *Who did they engage with; how did they interact (lots of talking, very quiet, physical, did they get on well with your family)*

Health/Medical /Specialists:

- *Do you have any medical concerns?*
- *Where there any appointments during respite?*

*I have completed and attached the **Blister Pack Medication Administration Record:***

Family Contact (Natural):

Was there any family contact – how did it go?

Behaviour:

What was great?

**WE
LIFE WITHOUT BARRIERS
VE**

What could do with some improvement?

Is there any follow up you would like LWB to do?:

No

Yes - plz phone me (urgent)

Yes - plz detail below (non – urgent)

What was the highlight of respite?

For you?

For the young person?

Would you provide respite again for this child/YP??

YES

NO

If no, why not?

Signature

Date: