

**SATURDAY DAY RESPITE
Questionnaire**

PLEASE PRINT AND COMPLETE IN FULL
To be submitted with the ErinoakKids Referral Form.

Name of Client:	Diagnosis:
Date of Birth: (dd/mm/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

Behaviour Checklist: check all that apply	
<input type="checkbox"/> Flight Risk (<i>frequency</i>):	
<input type="checkbox"/> Self-Injurious Behaviour (<i>describe</i>):	
<input type="checkbox"/> Aggression Towards Others (<i>describe</i>):	
<input type="checkbox"/> Verbal Outbursts (<i>describe</i>):	
<input type="checkbox"/> Non-Compliant (<i>describe</i>):	
<input type="checkbox"/> Sexualized Behaviours (<i>describe</i>):	
<input type="checkbox"/> Acting Out (<i>describe</i>):	

School Support:	
<input type="checkbox"/> Client receives individualized support at school <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1	
<input type="checkbox"/> Client attends modified school day (<i>please describe</i>):	
<input type="checkbox"/> Client has a behaviour plan at school (<i>please describe</i>):	
Is the client able to manage in a group setting:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level of support required:	

Additional information: Please provide a brief description of the client

Completed by:	Date completed:	(dd/mm/yyyy):
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Please send completed referral to the Intake Centre: Fax #: 905-855-9451
ErinoakKids – Intake
2381 Bristol Circle, Suite 100
Oakville, ON, L6H 5S9
Tel #: 905-855-3557 (press 1) or 1-877-374-6625 (press 1)