

# Provider Questions

Date form completed:	Revised:	Initials:
By whom:	Revised:	Initials:

## Questions to ask your respite provider:

*Fill in items below and print this form for your notebook.*

Have you worked with children with disabilities? In what capacity?

What did you enjoy about the work? What were the challenges, difficulties, and rewards?

Why are you interested in being a respite provider?

Why are you a good fit for this job?

What special training do you have related to my child's special needs? (Describe)

**Can you provide your employment history and references from other families?**

**What hours are you available to work?**