

Pikes Peak Respite Services
PO Box 38455
Colorado Springs, CO
80937



719-659-6344
cmbev@hotmail.com

Name _____ Date _____

Cerebral Palsy Training Retention Sheet

Please complete and return ASAP. Thanks!

1. Cerebral palsy is caused by what?

2. What is the main goal of cerebral palsy treatments?

3. Name three symptoms that may occur in a person with cerebral palsy. _____

4. What is the purpose of respite for primary caregivers of an individual with CP? _____