Personal Care Services Log 2020 - 2021

| Student's name: | | Provider's Name | : | |
|--------------------------|--------------|-------------------|------|---------------------------------|
| Student's date of birth: | PA Secure ID | Provider's Title: | | |
| School: | Date: | Provider's Signat | ure: | |
| Diagnosis/symptom(s): | | | | Early Intervention 🗌 School Age |

| Service | rvice Treatment | | | Refer to the keys below for an explanation of the treatment codes and progress indicators | | |
|---------|-----------------|-------------|-----------------------------|---|---------------------------|---|
| Date | Start Time | End Time | Treatment Key (see Pg 2) | Service Type | Progress Indicator Key | Description of Service (daily notes on activity, location, and outcome) |
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| Service Type: | |
|----------------------------------|---|
| D = Direct | DM = Direct Session: Make-up Session |
| DT = Direct: Telemedicine | DTM = Direct: Make Up Telemedicine |
| PA = Provider Absent | PNA = Provider Not Available |
| SA = Student Absent | SNA = Student Not Available |

| Progress Indicator Type | | | | | |
|-------------------------|------------------|-------------------|--|--|--|
| Mn = Maintaining | Pr = Progressing | In = Inconsistent | | | |
| Rg = Regressing | Ms = Mastering | | | | |

Teacher/Supervisor's Name:

Teacher/Supervisor's Signature*:

Date:

*I attest that the services documented above were provided on the date indicated, to the student named, in accordance with the student's IEP.

Treatment Key:

| Direct | Assisting the student to use equipment that is necessary due to student's disability |
|--------|---|
| Direct | Assisting the student to use and maintain augmentative communication devices |
| Direct | Assisting the student to ambulate, position, and transfer |
| Direct | Assist with or carry out range of motion and other exercises |
| Direct | Assist with activities of daily living such as eating, grooming, bathing, toileting, etc. |
| Direct | Monitoring the incidence and prevalence of designated health problems or medical conditions, e.g., seizure precautions or extreme lethargy |
| Direct | Cueing, redirecting or monitoring to ensure the individual performs ADL tasks due to a cognitive impairment which prevents the individual from knowing when or how to carry out the task. |
| Direct | Observing and intervening to redirect inappropriate behavior |
| Direct | Cuing the student to pay attention, participate in activities, and complete tasks |
| Direct | Accompanying the student on school bus or other vehicle per the IEP. A PCA's presence is necessary because of a student's physical disability or mental health disability |
| Direct | Assist student to get on or off school bus or other vehicle upon arrival or departure from school, per the IEP |
| Direct | Other Direct Service |
| | Direct |

Notes:

- The Treatment Key should not be considered an all-inclusive list. Providers may use "Other Direct Service" but must provide a clear description of the service in their comments.
- All Direct Services must be face-to-face with the student in order to be compensable through the School-Based ACCESS Program.
- PCA Services must be provided on a one-to-one basis in order to be compensable through the School-Based ACCESS Program.
- Personal Care Services are not to be used to help students with educational activities.