

**PERSONAL CARE ASSISTANCE DOCUMENTATION OF SERVICES PROVIDED (PARAPROFESSIONAL SERVICES)**


<b>Student's Name:</b>	<b>IEP Manager:</b>	<b>Today's Date:</b>
<b>Student ID:</b>	<b>School:</b>	<b>Form Due Date:</b>

**Does this student have any of the services/supports listed below provided by a para during most school days?**

Yes, mark each service provided and return to Rose Krick at District Office

No, return blank to Rose Krick at District Office

**Billable Services**

<ul style="list-style-type: none"> <li>○ Eating – the process of getting food into the body including:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> transfers</li> <li><input type="checkbox"/> food preparation</li> <li><input type="checkbox"/> hand washing</li> <li><input type="checkbox"/> feeding or assistance with feeding</li> <li><input type="checkbox"/> application of required orthotics for eating</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Intervention for seizure disorders – if the child has had a seizure that requires intervention within the past three months:                     <ul style="list-style-type: none"> <li>vention, monitoring, and observation</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>○ Toileting – bowel/bladder elimination and care:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> transfers</li> <li><input type="checkbox"/> mobility</li> <li><input type="checkbox"/> positioning</li> <li><input type="checkbox"/> adjusting clothing</li> <li><input type="checkbox"/> feminine hygiene</li> <li><input type="checkbox"/> cleansing/inspection of the skin</li> <li><input type="checkbox"/> cleansing the perineal area</li> <li><input type="checkbox"/> using toileting equipment and supplies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Redirection and intervention for <b>Level 1</b> behavior, including observation, monitoring, and when the behaviors interfere with completing the activities included in the activities of daily living.</li> </ul> <p><b>Increased vulnerability</b> due to cognitive deficits or socially inappropriate behavior (e.g. child with a traumatic brain injury, a syndrome that causes significant mental disability).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Task/s (specify) _____</li> </ul> <ul style="list-style-type: none"> <li>○ Resisting care and verbal aggression that cause cares to take longer than normally expected.</li> <li><input type="checkbox"/> Task/s (specify) _____</li> </ul>
<ul style="list-style-type: none"> <li>○ Grooming – the process of personal hygiene:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> hair care</li> <li><input type="checkbox"/> oral care</li> <li><input type="checkbox"/> nail care (not billable for students with diabetes/poor circulation)</li> <li><input type="checkbox"/> shaving</li> <li><input type="checkbox"/> applying deodorant</li> <li><input type="checkbox"/> applying cosmetics</li> <li><input type="checkbox"/> care of eyeglasses</li> <li><input type="checkbox"/> care of hearing aids</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Self-injurious behavior – causes injury to one's own body:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> hitting <span style="margin-left: 150px;"><input type="checkbox"/> head-banging</span></li> <li><input type="checkbox"/> burning <span style="margin-left: 150px;"><input type="checkbox"/> poking or stabbing</span></li> <li><input type="checkbox"/> pulling out hair <span style="margin-left: 150px;"><input type="checkbox"/> suicide threats</span></li> <li><input type="checkbox"/> ingesting foreign substances or objects</li> <li><input type="checkbox"/> other: _____</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>○ Dressing – the process of being clothed appropriately for the day:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> choosing/applying/changing clothing for the child/student</li> <li><input type="checkbox"/> applying TED hose, orthotics and prosthetics</li> <li><input type="checkbox"/> laundering soiled clothes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Physical injury to others – causes physical injury or has the potential for causing physical injury to other people:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> hitting <span style="margin-left: 150px;"><input type="checkbox"/> pinching</span></li> <li><input type="checkbox"/> biting <span style="margin-left: 150px;"><input type="checkbox"/> kicking</span></li> <li><input type="checkbox"/> scratching <span style="margin-left: 150px;"><input type="checkbox"/> pulling out hair</span></li> <li><input type="checkbox"/> stabbing <span style="margin-left: 150px;"><input type="checkbox"/> other: _____</span></li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>○ Bathing – the process of starting and completing a bath or shower:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> transfers <span style="margin-left: 100px;"><input type="checkbox"/> rinsing</span></li> <li><input type="checkbox"/> positioning <span style="margin-left: 100px;"><input type="checkbox"/> drying</span></li> <li><input type="checkbox"/> using soap <span style="margin-left: 100px;"><input type="checkbox"/> skin inspections/care</span></li> <li><input type="checkbox"/> applying lotion</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Destruction of property – causes damage or has the potential to cause damage to things:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> breaking desks or chairs</li> <li><input type="checkbox"/> tearing clothes</li> <li><input type="checkbox"/> setting fires</li> <li><input type="checkbox"/> using tools or objects to damage property</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>○ Transferring – the process of moving or assisting a child/student with moving from one seating/reclining area to another:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> standing by to assist if needed</li> <li><input type="checkbox"/> pivoting the person</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Health Related Procedure: repetitive maintenance range of motion, muscle strengthening exercises, assistance with medication that is self-administered:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Task/s (specify) _____</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>○ Mobility – the process of ambulation:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> using a wheelchair</li> <li><input type="checkbox"/> assisting a person with ambulation</li> </ul> </li> </ul>	<p>PCA(s) working with the student:</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p>
<ul style="list-style-type: none"> <li>○ Positioning – the process of moving the person for necessary care and comfort or to relieve pressure areas:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> positioning the child/student using pillows wedges or bolster</li> <li><input type="checkbox"/> repositioning him/her in a wheelchair, bed, chair, or sofa</li> <li><input type="checkbox"/> two people assisting o using a Hoyer lift</li> </ul> </li> </ul>	<div align="right">  <p><b>ALEXANDRIA</b> Public Schools</p> <p><i>Rich tradition. Bright future.</i></p> </div>

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