Medical Assistance Time Study Documentation Personal Care Assistant (PCA)			Schoo	l Name:						ISD#:							Complete for 10 school days.					
			Student Name:						Student DOB:						Enter START and END times for each service, each day							
			Case Mngr:																			
Day 1		1			Day	/2		#	Day 3			#	Day									
	Date:		Initals	Group #	Date:		Initals	Group #	Date:		Initals	Group #	Date:			Group #	Date:	Find Time		Group #	Minutes Week 1	
	Start Time	End Time	=	Ğ	Start Time	End Time	-	Ğ	Start Time	End Time	5	õ	Start Time	End Time	=	Ğ	Start Time	End Time	5	Ğ	WEEK I	
Activites of Daily Living	Cueing, Stand-b	y supervision, o	or hands-	on assis	stance																	
-																						
Eating																						
Toileting																						
Grooming																						
Bathing																						
Positioning																						
Mobility																						
Transfers																						
Dressing																						
Heath Related Procedures and tasks that are delegated or assigned to a PCA by a licensed health care professional.																						
Self																						
Administered																						
Medication																						
Range of Motion																						
Other:																						
		15 1	<u> </u>																			
	intervention and	i Redirection the	at is nec	essary a	nd related to chi	ia s diagnosis																
Level 1 Behaviors																						
towards Self, Others, or																						
Destruction of																						
Property																						
Redirection of: Vulnerability,																						
Socially																						
Inappropriate, Resisting Care,																						
Verbally																						
Agressive									1				1									