

Personal Care Service Documentation Log

Student Information

Name: Jane Doe Date of Birth (Mo/Day/Year): 2/1/97

Diagnostic Code: 315.9

Provider Information

Provider Name: Mary Smith Provider Title: Individual Aide

Supervisory Union: Vermont SU Name of School: Vermont Elementary School

Service Dates: The numbered boxes below reflect the days of the month. Write the number of hours personal care was provided in the corresponding date box. DO NOT USE PENCIL OR WHITE OUT.

Month November Year 2010 Month _____ Year _____
 Use this set of dates for a two-month billing period

1 6hr	2 6hr	3 6hr	4 6hr	5 6hr	6	7		1	2	3	4	5	6	7		
8 6hr	9 6hr	10 6hr	11 6hr	12 6hr	13	14		8	9	10	11	12	13	14		
15 6hr	16 6hr	17 6hr	18 6hr	19 6hr	20	21		15	16	17	18	19	20	21		
22 6hr	23 6hr	24 3hr	25	26	27	28		22	23	24	25	26	27	28		
29 6hr	30 5hr	31						29	30	31						
Total hours personal care was provided during the billing period												116			hours	

If the daily hours provided are consistently different than the time the student is at school, explain:

Service Type: The 1:1 personal care support for this student includes the following activities. Check all that apply (at least one of the 1 through 9 activities must be checked in order to be considered personal care).

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Assistance w/Eating | 5. <input checked="" type="checkbox"/> Behavior Management | 9. <input type="checkbox"/> Assistive Devices |
| 2. <input type="checkbox"/> Assistance w/Toileting | 6. <input type="checkbox"/> Signing/Interpreting | 10. <input type="checkbox"/> Other: _____ |
| 3. <input type="checkbox"/> Assistance w/Dressing | 7. <input type="checkbox"/> Medication Admin. | _____ |
| 4. <input type="checkbox"/> Assistance w/Hygiene | 8. <input type="checkbox"/> Mobility/Safety | _____ |

Provider Signature: Mary Smith Date: 12/5/10

Supervisor Signature: Jessica Hill Date: 12/6/10

Supervisor Name (Printed): Jessica Hill