PERSONAL CARE SERVICES LOG

*STUDENT:*_____ *BUILDING:*_____ *PROGRAM:* _____ *TEACHER:* _____
IEP DATE: _____ *CURRENT SIGNED AMENDMENT/SUPP. PG 5 ON FILE?*_____

Personal Care Service Codes checked on Student IEP					
A		**A**BSENT ALL DAY	I		Intervention for Seizure Disorder
B		**B**ehavior: Redirection and Intervention	M		Medications: Assistance when Self-Administered
E		**E**ating, Feeding, Meal Preparation	P		Positioning, Mobility, Ambulation, Transferring
F		**F**unctions, Health-Related (via hands-on Assistance, Supervision, Cueing)	R		Respiratory Assistance
H		**H**ygiene, Personal: Bathing, Dressing, Grooming, Skin Care	T		Toileting, Maintaining Continence

KEY
☑ = Daily Service
☒ = Logged in EasyIEP

DIRECTIONS: Mark Daily. Use only codes checked from above. Use Code **A** Only for **ALL-DAY ABSENCES**. If school is closed on a particular day, handwrite in that day the reason (i.e.: Snow Day, Holiday)
NOTE: Your INITIALS indicate that you provided that Personal Care Service for student on the day indicated.

		MONDAY											TUESDAY											WEDNESDAY											THURSDAY											FRIDAY										
Month	Dates	A	B	E	F	H	I	M	P	R	T	Initials	A	B	E	F	H	I	M	P	R	T	Initials	A	B	E	F	H	I	M	P	R	T	Initials	A	B	E	F	H	I	M	P	R	T	Initials	A	B	E	F	H	I	M	P	R	T	Initials
JUL 2009	01-03	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	06-10	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	13-17	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	20-24	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	27-31	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
AUG 2009	03-07	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	10-14	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	17-21	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	24-28	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	31-04	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
SEP 2009	07-11	■	■	■	■	■	■	■	■	■	■	■																																																					
	14-18																																																															
	21-25																																																															
	28-02																																																														
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	12-16																																																														
	19-23																																																														
	26-30																																																														
NOV 2009	02-06																																																													
	09-13																																																														
	16-20																																																														
	23-27																																																														
DEC 2009	30-04																																																													
	14-18																																																														
	21-25																																																														
	28-31	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Paraprofessional

I attest that services documented above were provided to the named student, on dates indicated, in accordance with Michigan Medical Services Policy guidelines.

Signature *Date*

Monthly Summaries
"Personal Care Services provided per student's IEP." (X = Entered)

JUL	AUG	SEP	OCT	NOV	DEC

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JUL	AUG	SEP	OCT	NOV	DEC

Teacher Signature _____ **Date** _____

Turn Sheet Over for 2nd Half of Year

MISD

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IEP DATE: _____ *CURRENT SIGNED AMENDMENT/SUPP. PG 5 ON FILE?* _____

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JAN 2010	04-08																																																							
	11-15																																																									
	18-22	■	■	■	■	■	■	■	■	■	■	■																																														
	25-29																																																									
FEB 2010	01-05																																																									
	08-12																																																									
	15-19	■	■	■	■	■	■	■	■	■	■	■																																														
	22-26																																																									
MAR 2010	01-05																																																									
	08-12																																																									
	15-19																																																									
	22-26																																																									
	28-02																																																									
APR 2010	05-09	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
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	17-21																																																									
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	07-11																																																									
	14-18																																																									
	21-25																																																									
	28-02	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

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Signature *Date*

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JAN	FEB	MAR	APR	MAY	JUN

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Teacher Signature _____ **Date** _____