

PCA Checklist/PCA Plan of Care

(Completed within the first week of service)

Student Name _____ DOB _____ Student id _____ School Year _____ Grade _____

Start Date _____ End Date _____ (School yr. or IEP date)

Emergency contact _____ Phone# _____ Work# _____

Primary MD _____ Phone # _____

Instructions for making emergency contact _____

*A copy of the Care Plan MUST be immediately available to the PCA while services are being provided.
Please check areas of Activities or Redirection of each task being provided with an explanation of how it is to be completed. This form must be consistent with the mini-time study.*

Activities of Daily Living:

Toileting–Bowel/bladder elimination and care:

Avg. minutes per school day = _____

	transfers (to and from toilet, table, urinal)		Cleansing and wiping
	mobility (helping student to restroom – ex. Walking or pushing wheelchair)		Using toileting equipment and supplies (lifting seat, flushing)
	positioning (student at toilet, table or urinal)		Inspection of the skin
	adjusting clothing		Diaper changing
	Feminine hygiene		Assistance with changing soiled clothing

Describe how service/s will be provided:

Eating – the process of getting food into the body including:

Avg. minutes per school day = _____

	transfers (moving to special seats/locations to eat, help students get to lunchroom, help in lunch line)		Assist with hand washing in preparation to eat
	Food preparation (make ready to eat, microwave/ blending, assistance with spreading, peeling, pouring)		Assist with cleaning after eating (handwashing, wipe face)
	Feeding and assistance with feeding		Application of required orthotics for feeding

Describe how service/s will be provided:

Grooming – the process of personal hygiene:

Avg. minutes per school day = _____

	Hair care		Care of eye glasses
	Nail care		Care of hearing aids (check batteries, aid positioning)
	Shaving		Oral care
	Applying deodorant		Check clothing (fasten, button, snap, pulled up, etc)
	Applying cosmetics		

Describe how service/s will be provided:

Student name _____

Dressing – the process of being clothed appropriately:

Avg. minutes per school day = _____

	Choosing/applying/changing clothing for the student		Applying TED hose, orthotics and prosthetics
	Laundering soiled clothes		Application of special appliances, wraps, clothing
	Other		

Describe how service/s will be provided:

Bathing – the process of starting and completing a bath or shower:

Avg. minutes per school day = _____

	transfers		Rinsing
	Positioning		Drying
	Using soap		Skin inspection/care
	Applying lotion		Personal hygiene

Describe how service/s will be provided:

Positioning – the process of moving the student for necessary care & comfort:

Avg. minutes per school day = _____

	Positioning with wedges or bolsters or pillows		Repositioning in wheelchair, chair, or sofa
	Assist with positioning or turning for necessary care or comfort (propping up, turning to a different side, adjusting a body part, etc.)		

Describe how service/s will be provided:

Transfers – the process of moving from one seating/reclining area to another:

Avg. minutes per school day = _____

	Standing by to assist if needed		Pivoting the person
	Two people assisting or using a Hoyer lift		Transfer from one seat/position to another (mat, toilet, swing, stander, etc.)

Describe how service/s will be provided:

Mobility – process of ambulation:

Avg. minutes per school day = _____

	Using a wheelchair		Assisting a person with ambulation
	Assist with movement of wheelchair		Assist with walking activities
	Bike/trike		

Describe how service/s will be provided:

Communication – process for student to communicate:

Avg. minutes per school day = _____

	Communication device		FM system
	Tablet/ipad		Other

Describe how service/s will be provided:

Sensory – process for calming student:

Avg. minutes per school day = _____

	Weighted or pressure vest/blanket		Chew toys
	Sensory breaks		Assistance with noise canceling headphones
	Brushing arms with soft brush		Other

Describe how service/s will be provided:

Student name _____

Health related procedures through Hands-on Assistance, Supervision and Cuing /Prompting

Range of Motion: (exercise to maintain strength & muscle functioning):

Avg. minutes per school day = _____

Describe how service/s will be provided:

Respiratory assistance: (tracheostomy suctioning, ventilator support, etc.)

Avg. minutes per school day = _____

Describe how service/s will be provided:

Assistance with self-administered medications:

Avg. minutes per school day = _____

Describe how service/s will be provided: ex. bringing medications to child or providing assistance with opening medication containers

Tube feeding / Catheterization care: (includes cleaning of equipment)

Avg. minutes per school day = _____

Describe how service/s will be provided:

Intervention Seizure Disorder: (that requires physical assist to provide safety)

Avg. minutes per school day = _____

Describe how service/s will be provided:

Behavior

Avg. minutes per school day = _____

Observation, Redirection or Intervention of a behavior episode- must be current and be either daily or episodic & ongoing

Causing injury to the recipient's **own** body:

<input type="checkbox"/>	Hitting/Biting	<input type="checkbox"/>	Head-banging
<input type="checkbox"/>	Burning	<input type="checkbox"/>	Poking/stabbing
<input type="checkbox"/>	Pulling out hair	<input type="checkbox"/>	Suicide threats
<input type="checkbox"/>	Ingesting foreign objects	<input type="checkbox"/>	other

Describe how service/s will be provided:

Causes or has potential to cause physical injury to **other** people:

<input type="checkbox"/>	Hitting	<input type="checkbox"/>	Pinching
<input type="checkbox"/>	Biting	<input type="checkbox"/>	Scratching
<input type="checkbox"/>	Kicking	<input type="checkbox"/>	Other

Describe how service/s will be provided:

Destroys or potential to destroy **property**:

<input type="checkbox"/>	Breaking furniture	<input type="checkbox"/>	Tearing clothes
<input type="checkbox"/>	Setting fires	<input type="checkbox"/>	Using objects to damage property
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Describe how service/s will be provided:

Other **redirection** of behavior:

<input type="checkbox"/>	Vulnerability due to cognitive deficits	<input type="checkbox"/>	Socially inappropriate behavior
<input type="checkbox"/>	Resisting care	<input type="checkbox"/>	Verbally aggressive behavior

Describe how service/s will be provided:

Student name _____

Bus Aide: *Yes/No* If yes, provide the average number of minutes per day providing bus aide assistance _____

Special Transportation: *Yes/No* If yes, reason for transportation: _____

Has hearing aid: *Yes/No* **Requires an interpreter:** *Yes/No* **Is nonverbal:** *Yes/No*

If yes to any of the above address how communication needs will be met: _____

Needs PCA of same gender: *Yes/No*

Steps to address safety and vulnerability issues: _____

When to notify QP about concerns and changes: _____

PCA / QP communication with parents/guardian, teacher, IEP case manager: _____

Instructions for daily documentation: _____

Back up staffing plan (PCA substitutes need training and supervision in order to bill for services):

Additional Notes: _____

_____ Qualified Professional Signature	_____ PCA Signature	_____ Date
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