MEDICAL AS	SSISTANCE TIME	ME	STUDY DOCUME	έNΤ									
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DISTRICT/SCHOOL NAME:

^{*}List below all PCA names, signatures, initials that worked with the student during time study

MEDICAL ASSISTANCE TIME STUDY DOCUMENTATION -

PERSONAL CARE ASSISTANT (PCA)

DISTRICT/SCHOOL I	NAME:	
STUDENT NAME:		
EP MANAGER:		

COMPLETE FOR 10 SCHOOL DAYS ENTER START and END TIMES FOR EACH SERVICE, EACH DAY																						
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