

Date of Service MM/DD/YY	Activities	Enter initials of service provider each time the activity is provided daily											# in group	Time* HH:MM	
	Eating														
	Toileting														
	Behavior														
	Transfers														
	Dressing														
	Mobility														
	Grooming														
	Orthotics														
	ROM														

Initials/Signature of PCA

Initials/ Signature of PCA

Initials/Signature of PCA

Initials/ Signature of PCA

Student Name:	Dates of Time Study:
School:	Date of Birth:

Based on the completed care plan and time study, the student needs assistance with the following personal care activities:

Assistance needed:	Description:
Eating	
Toileting	
Behavior	
Mobility	
Transfers	
Dressing	
Grooming	
Orthotics	
Range of Motion	

Signature and date:
Printed name and Title: