

PERSONAL CARE DOCUMENTATION LOG

STUDENT NAME:

DATE OF BIRTH:

DISTRICT OF LIABILITY:

SCHOOL: _____

DATE: / /
 START TIME:
 STOP TIME: _____
 TOTAL BILLABLE TIME (I):
 TOTAL BILLABLE TIME (G):
 LOCATION: * _____

DAY OF WEEK:
 GROUP SIZE: **
 LESS: OT/PT
 LESS: SLP
 LESS: NURSE
 LESS: OTHER

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> MOBILITY | <input type="checkbox"/> TOILETING | <input type="checkbox"/> PROMPTING |
| <input type="checkbox"/> COMMUNICATION | <input type="checkbox"/> BATHING | <input type="checkbox"/> CUEING |
| <input type="checkbox"/> BEHAVIORAL MANAGEMENT | <input type="checkbox"/> DRESSING | <input type="checkbox"/> MONITORING |
| <input type="checkbox"/> EATING | <input type="checkbox"/> GROOMING | <input type="checkbox"/> REDIRECTING |
| <input type="checkbox"/> MEDICATIONS | <input type="checkbox"/> HYGIENE | <input type="checkbox"/> OTHER: |

*** RATIONALE: _____

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*** RATIONALE: _____

PROVIDER'S NAME:

____ DATE: / /

PROVIDER'S SIGNATURE: _____

UNLESS SO NOTED, SCHOOL WAS IN SESSION AND THE STUDENT WAS IN ATTENDANCE ON ALL DAYS RECORDED.
 I HAVE EDITED THIS FORM TO CORRECTLY REFLECT THE SERVICES DELIVERED ON THE ABOVE DATES.

*** LOCATION KEY: 1 = SCHOOL, 2 = HOME, 3 = BUS, 9 = OTHER**
**** GROUP SIZE KEY: I = INDIVIDUAL, G/# = GROUP/# IN GROUP**
***** RATIONALE NEEDED IF EXCEED MAX TIME ALLOWABLE**