MONTHLY PERSONAL CARE SERVICE LOG

Service List:

1	Eating/Feeding	**9**	Mobility/Positioning
2	Respiratory assistance	**10**	Meal preparation
3	Toileting	**11**	Skin care
4	Grooming	**12**	Bathing
5	Dressing	**13**	Maintaining continence
6	Transferring	**14**	Assistance with self administered medications
7	Ambulation	**15**	Redirection and intervention for behavior
8	Personal hygiene	**16**	Health related hands-on assistance, supervision and cueing

Month: _____ **Year:** _____

Student	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Did you provide any of the services listed above today? If so, enter the number that describes one of the services you provided next to the student's name under today's date. Leave blanks for weekends, holidays, and any other days when no service is provided.

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

Paraprofessional Signature: _____

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I have reviewed the Paraprofessional Activity Check List above.

Supervisor Signature: _____