

# Personal Care Assistance Documentation of Services Provided (Paraprofessional Services)

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ IEP Manager: \_\_\_\_\_

Does this student have any of the services/supports listed below provided by a para during most school days? Nurse: \_\_\_\_\_

☐ Yes, mark each service provided and return to Amy Wylde

☐ no, return blank form to Amy Wylde

## Billable Services as of August 2016

<b>Eating</b> – The process of getting food into the body including: <input type="checkbox"/> positioning while eating/transfers <input type="checkbox"/> food preparation – cutting food/opening containers <input type="checkbox"/> hand washing <input type="checkbox"/> application of required orthotics for eating <input type="checkbox"/> feeding or assistance with feeding <input type="checkbox"/> receives tube feeding	<b>Mobility</b> <input type="checkbox"/> independent. Ambulatory without device <input type="checkbox"/> using a wheelchair <input type="checkbox"/> can mobilize with the assist of a device, does not need personal assistance <input type="checkbox"/> needs constant physical assistance of another <input type="checkbox"/> intermittent physical assistance of another
<b>Toileting -</b> <input type="checkbox"/> transfers/positioning <input type="checkbox"/> assisting with changing of incontinence device (diapers, pull-ups ect) <input type="checkbox"/> cleansing/washing/wiping <input type="checkbox"/> inspection of skin (rash, wiped appropriately) <input type="checkbox"/> adjusting clothing <input type="checkbox"/> hand washing <input type="checkbox"/> intermittent supervision, no incontinence <input type="checkbox"/> constant supervision and assistance	<b>Transfers</b> <input type="checkbox"/> standing by to assist if needed <input type="checkbox"/> pivoting the person <input type="checkbox"/> need total assist of another, physically unable to participate <input type="checkbox"/> two people assisting or using a Hoyer lift
<b>Grooming</b> <input type="checkbox"/> hair care/oral care <input type="checkbox"/> care of eyeglasses/hearing aids <input type="checkbox"/> constant supervision, but no physical assistance <input type="checkbox"/> physical assistance but child is able to physically participate <input type="checkbox"/> totally dependent on another for personal hygiene	<b>ROM/Muscle Exercises</b> <input type="checkbox"/> muscle strengthening/exercises that help to maintain range of motion for the child <input type="checkbox"/> exercises that help with flexibility of muscles
<b>Dressing</b> <input type="checkbox"/> Intermittent supervision or reminders. May need assistance with fasteners <input type="checkbox"/> applying orthotics <input type="checkbox"/> constant supervision but no physical assistance <input type="checkbox"/> needs hands-on assistance with clothing fasteners <input type="checkbox"/> physical assistance but child is able to physically participate <input type="checkbox"/> totally dependent on another for dressing	<b>Special Transportation –</b> <input type="checkbox"/> wheelchair lift <input type="checkbox"/> special harness <input type="checkbox"/> special vest <input type="checkbox"/> one-to-one aide on the bus <input type="checkbox"/> assistance to/from the bus <input type="checkbox"/> care seat
<b>Positioning</b> <input type="checkbox"/> positioning the student using pillows, wedges or bolsters <input type="checkbox"/> repositioning him/her in a wheelchair or bolster chair <input type="checkbox"/> physical assistance, but child is able to physically participate <input type="checkbox"/> totally dependent, child unable to physically participate	<b>Intervention for seizure disorders –</b> If the student has had a seizure that requires intervention within the past three months <input type="checkbox"/> intervention, monitoring and observation
<b>Redirection and intervention for Level 1 Behavior</b> , including observation, monitoring and when the behavior interferes with completing the activities included in activities of daily living. <b>Self-injurious</b> behavior-causes injury to ones own body: <input type="checkbox"/> hitting <input type="checkbox"/> cutting <input type="checkbox"/> pulling out hair <input type="checkbox"/> ingesting foreign substances or objects <input type="checkbox"/> head-banging <input type="checkbox"/> poking or stabbing <input type="checkbox"/> suicide threats <input type="checkbox"/> other _____ <b>Physical injury to others –</b> causes physical injury or has the potential for causing physical injury to other people: <input type="checkbox"/> hitting <input type="checkbox"/> biting <input type="checkbox"/> scratching <input type="checkbox"/> stabbing <input type="checkbox"/> pinching <input type="checkbox"/> kicking <input type="checkbox"/> pulling out hair <input type="checkbox"/> other _____ <b>Destruction of property</b> <input type="checkbox"/> breaking desks or chairs <input type="checkbox"/> tearing clothes <input type="checkbox"/> setting fires <input type="checkbox"/> using tools or objects to damage property <input type="checkbox"/> other _____	