

**MEDICAL ASSISTANCE TIME STUDY DOCUMENTATION**  
**PERSONAL CARE ASSISTANT (PCA)**

DISTRICT/SCHOOL NAME:

STUDENT NAME:

STUDENT D.O.B:

IEP MGR:

SUPRVSR SIGN/DATE:

MONTH/YEAR:

PCA NAMES-SEE BOTTOM OF SHEET

COMPLETE FOR 10 SCHOOL DAYS

ENTER START and END TIMES FOR EACH SERVICE, EACH DAY

DATE (MM/DD/YR):	Day 1		i n i t i a l s	g r o u p #	Day 2		i n i t i a l s	g r o u p #	Day 3		i n i t i a l s	g r o u p #	Day 4		i n i t i a l s	g r o u p #	Day 5		i n i t i a l s	g r o u p #	Minutes Week 1
	start	end			start	end			start	end			start	end			start	end			
<b>Activities of Daily Living</b>	<b>CUEING, STAND-BY SUPERVISION OR HANDS-ON ASSISTANCE</b>																				
Eating																					
Toileting																					
Grooming																					
Bathing																					
Positioning																					
Mobility																					
Transfer																					
Dressing																					
<b>Health Related</b>	<b>PROCEDURES AND TASKS THAT ARE DELEGATED OR ASSIGNED TO A PCA BY A LICENSED HEALTH CARE PROFESSIONAL</b>																				
Self administred medication																					
Range of Motion																					
<b>Behavior</b>	<b>INTERVENTION &amp; REDIRECTION THAT IS NECESSARY AND RELATED TO CHILD'S DIAGNOSIS</b>																				
Level 1 Behaviors toward Self, Others or Destruction of Property																					
Redirection of: Vulnerability, Socially Inappropriate, Resisting Care, Verbally Aggressive																					
<b>Monitoring</b>	If the student has significant behaviors OR is Extremely Vulnerable, please clock in/out down below the entire time you are with the student. In addition, keep track of the actual minutes of of behavior/health related/activities of daily living this student has each day above.																				

\*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 NAME:**

**STUDENT NAME:**

**IEP MANAGER:**

**COMPLETE FOR 10 SCHOOL DAYS**

**ENTER START and END TIMES FOR EACH SERVICE, EACH DAY**

DATE (MM/DD/YR):	Day 6		i n i t i a l s	g r o u p #	Day 7		i n i t i a l s	g r o u p #	Day 8		i n i t i a l s	g r o u p #	Day 9		i n i t i a l s	g r o u p #	Day 10		i n i t i a l s	g r o u p #	Min Wk. 2	Min Wk. 1	Tot. Min.	Avg. Dail. Min.	
	start	end			start	end			start	end			start	end			start	end							
<b>Activities of Daily Living</b>	<b>CUEING, STAND-BY SUPERVISION OR HANDS-ON ASSISTANCE</b>																						divide by 10		
Eating																									
Toileting																									
Grooming																									
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