

MA PLAN OF CARE

Please attach to the IEP, put one copy in the students paraprofessional folder and send one to parents.

Student:

Start Date:

End Date:

District:

Contact Person for Emergency:

Responsible Parties (usually the entire IEP Team) involved with Care Plan:

If the needs of this student change, contact the qualified care professional (Case Manager):

Diagnosis:

Past Medical History:

PRECAUTIONS:

ACTIVITIES OF DAILY LIVING:

Code: 1-5

- 1 - Totally dependent: 100% assistance by para**
- 2 – Maximum assistance: 50-75% assistance by para**
- 3 – Moderate assistance: 25-50% assistance by para**
- 4 – Minimal assistance: 25% assistance by para**
- 5 -- Modified Independence: help with equipment, for safety or verbal cues**
- 6 – Totally independent**

ADL'S	1	2	3	4	5	6	COMMENTS/INSTRUCTIONS
Eating							
Grooming							
U/E Dressing							
L/E Dressing							
Toileting Clothing							
Toileting Hygiene							

BEHAVIOR	1	2	3	4	5	6	COMMENTS/INSTRUCTIONS
Self-Injurious							
Physical Injury to others							
Fleeing/Running							
Destruction of Property							
Vulnerability due to cognitive deficits							

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Socially Inappropriate Behavior							
Resistance to Direction and Verbal Aggression that delays care							
Other							

MOBILITY	1	2	3	4	5	6	COMMENTS/INSTRUCTIONS
Sitting Balance							
Standing Balance							
Toilet Transfer							
Transfers							
Gait							

POSITIONING:

RANGE OF MOTION	
Upper body	
Lower body	

EXERCISE PROGRAM: ___Yes ___No

Describe program and frequency:

PLAYGROUND/FREE TIME/PHYSICAL EDUCATION: LIST SPECIAL NEEDS/PROGRAM:

STUDENTS ABILITY TO COMMUNICATE:

Verbal	Non-Verbal	Aug Com Device	Single Switch	Eye Gaze	Sign Language	Other

OTHER SENSORY IMPAIRMENTS THAT INFLUENCE ACTIVITIES OF DAILY LIVING: