# Monthly Personal Care Activity Log

***For each school day, record an applicable billable or non-billable Personal Care Activity in **black** or **blue** ink.***

| BILLABLE | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Ambulation | 6 | Health related functions through hands-on assistance, cueing, and monitoring | 12 | Redirection/Intervention for BEHAVIOR | 17 | Paraprofessional Absent |
| 2 | Assistance w/self-administered medications | 7 | Maintain Continence | 13 | Respiratory Assistance | 18 | School Closed |
| 3 | Dressing | 8 | Meal Preparation | 14 | Skin care | 19 | Student Absent |
| 4 | Eating/Feeding | 9 | Mobility/Positioning | 15 | Toileting | 20 | Student Present, and assisted by "unqualified" staff |
| 5 | Grooming | 10 | Other monitoring/cueing to assist with daily living needs | 16 | Transferring | 21 | Student Present, but did not require assistance |
| | | 11 | Personal Hygiene | | | | |

**MONTH:** **YEAR:** **TEACHER:**

| | Week Of: | | | | | Week Of: | | | | | Week Of: | | | | | Week Of: | | | | | Week Of: | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Student Name: | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |
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☐ The monthly activity log details the month's billable and non-billable personal care services.

☐ Student Medicaid billable services are reported and marked "Ready to Bill."

**Paraprofessional Signature**

**Paraprofessional Printed Name** **Date**

☐ The Teacher/Licensed Practitioner has reviewed the month's personal care activity log.

☐ For record keeping and in case of an audit, the log will be kept on file for SEVEN years.

**Teacher/Licensed Practitioner Signature**

**Teacher/Licensed Practitioner Printed Name** **Date**