

**** For scanning purposes, please use only black or blue ink when completing this form. ****

Wayne County ISD Monthly Service Plan Documentation for Personal Care Services

Services:

1	Eating/Feeding	9	Mobility/Positioning
2	Respiratory assistance	10	Meal preparation
3	Toileting	11	Skin care
4	Grooming	12	Other
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, cueing and monitoring

Month/Year: _____

Classroom Teacher: _____

Student Name:	Week Of:					Week Of:					Week Of:					Week Of:										
	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	

*****NOTE: School Paraprofessional signature is required (first initial, last name) for each date services were rendered.**

I attest that the services documented above were provided on the date indicated, to the student named, in accordance with the Michigan Medical Service Policy guidelines, and that these services were logged into Service Tracker.

Paraprofessional Signature: _____ **Printed Name:** _____

I have reviewed the Paraprofessional Activity Check List above for the month of _____, 20____.

Signature of Teacher/Licensed Practitioner: _____ **Printed Name:** _____

When completed and signed, these forms must be kept on file in the Special Education Office for 7 years in case of a State or Federal Audit.