

# Personal Care Service Authorization

## Student Information:

Name:
Date of Birth:
School District:
Attending School:

**PERSONAL CARE SERVICES** are a range of human assistance services provided to persons with disabilities and chronic conditions, which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him/her self.

Personal Care Services may include, but are not limited to, assisting with the following. Please indicate with a check mark all services that the above named student may require on a daily basis:

- Eating/feeding;
- Respiratory assistance;
- Toileting;
- Grooming;
- Dressing;
- Transferring;
- Ambulation;
- Personal hygiene;
- Mobility/Positioning;
- Meal preparation;
- Skin care
- Other (i.e. monitoring for seizures, monitoring/cueing for glucose levels)
- Maintaining continence;
- Assistance with self-administered medications;
- Redirection and intervention for behavior; and
- Health related functions through hands-on assistance, cueing and monitoring

**Authorization** Personal care services require an authorization by a licensed practitioner operating within the scope of their practice, including Registered Nurses (RN), Occupational Therapists (OT), Physical Therapists (PT), Master of Social Work (MSW) and Fully Licensed Speech-language Pathologists (SLP).

## Licensed Practitioner Authorization:

I certify that the above named student requires daily personal care services due to their disability or medical condition. This authorization is valid for one year from the signature date below.

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**Licensed Practitioner Signature**

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**Date Signed**