

Personal Care Assistance Care Plan

Plan Dates

Care Plan Start Date: _____ Care Plan End Date: _____
IEP Start Date: _____ IEP End Date: _____

Student Demographics

Student Name: _____ Building: _____
Home Phone Number: _____ Emergency Phone Number: _____

Responsible Party

Responsible Party Name: _____ Relationship To Student: IEP Manager
Responsible Party Phone #1: _____ Responsible Party Phone #2: _____

Instructions for Contacting Responsible Party

Staff

Primary Personal Care Assistance Staff:

By signing this document you are indicating that you have been trained and oriented on the needs of this student.

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Backup Staffing Plan:

Staff in building will be accessed as necessary if assigned staff are unavailable.

Emergency Plan

Plan for Addressing Safety and Vulnerability Issues

Personal Care Assistance Care Plan

Care Plan Start Date: _____

Care Plan End Date: _____

IEP Start Date: _____

IEP End Date: _____

Student Name: _____

Building: _____

Home Phone Number: _____

IEP Manager: _____

Eating:

Meals:

- ☐ breakfast
- ☐ lunch
- ☐ snack

Type:

- ☐ cold
- ☐ hot
- ☐ combination hot and cold
- ☐ other -- see comment section
- ☐ tube feeding
- ☐ NPO

Restricted diet: _____

Tray:

- ☐ student independent in carrying
- ☐ staff assists to carry tray
- ☐ staff carries
- ☐ student independent in dumping
- ☐ staff assists to dump tray
- ☐ staff dumps

ID Number:

- ☐ student can enter ID number or use finger pad independently
- ☒ student requires assistance in entering ID number or using finger pad ☐ hand over hand ☐ stating #
- ☐ staff enters ID

Food items:

- ☐ student independent in obtaining food items
- ☐ staff guidance required to determine food items
- ☐ staff makes choice of food items

Feeding utensils/plates/bowls:

- ☐ sippy cup
- ☐ regular cup
- ☐ straw
- ☐ modified cup
- ☐ modified fork
- ☐ modified spoon
- ☐ modified bowl/plate

Beverage:

- ☐ white milk
- ☐ chocolate milk
- ☐ juice
- ☐ water

Preparation:

- ☐ provide oral stimulation before eating (per OT)
- ☐ prepare entire meal
- ☐ cut into bite sized pieces
- ☐ open most packages & containers
- ☐ open all packages & containers
- ☐ insert straw
- ☐ puree items
- ☐ mash items

When:

- ☐ breakfast _____
- ☐ snack _____
- ☐ lunch _____

Where:

- ☐ resource room
- ☐ classroom
- ☐ cafeteria
- ☐ Health Office

Seating:

- ☐ regular chair/seat
- ☐ other

Choking Risk: ☐ Y ☐ N

Handwashing Procedure:

- ☐ student independent
- ☐ student requires hand over hand to complete
- ☐ student requires assistance with soap
- ☐ student requires assistance in obtaining towels
- ☐ student requires assistance in drying
- ☐ staff completes procedure for student
- ☒ student requires ☐ verbal prompts (turn water on, get some soap, etc.) ☐ pictos

Procedure:

- ☐ completely independent in eating once is seated
- ☐ eats independently after meal prepared
- ☐ requires additional time
- ☐ put food onto utensil to self feed
- ☐ hand over hand - guide food to mouth
- ☐ may spear food
- ☐ finger feeds
- ☒ requires feeding of ☐ most ☐ all food items

Behaviors:

- ☐ encourage/monitor chewing
- ☐ requires regular prompting/coaching
- ☐ avoid student stuffing food into mouth
- ☐ encourage student to slow down
- ☐ discourage student from holding food in mouth
- ☐ encourage student to swallow
- ☐ encourage student to continue eating/finish meal
- ☐ encourage student to drink beverage
- ☐ limit food intake
- ☐ guide utensils and cups to tray/table

Comments:

Toileting:

Type of clothing:

- ☐ wears underwear
- ☐ wears variation of underwear and pullup
- ☒ wears personal care item:
 - ☐ pull up at all times
 - ☐ diaper at all times
 - ☐ diaper and liner at all times

Catheterized:

- ☐ self catheterized
- ☐ staff catheterizes - see health plan

times of catheterizations: _____

Bathrooming:

- ☐ staff completes in entirety
- ☐ totally dependent in all bathrooming
- ☐ totally independent in all bathrooming
- ☐ not bathroomed trained at all
- ☐ requires reminders to use bathroom
- ☐ working on bathroom training
- ☐ needs assistance with menses

Frequency:

- ☒ bathroom every _____ hours
- ☒ bathroom at the following times: _____
- ☒ notification to staff of need to use bathroom:
 - ☐ is unable to notify staff of need to use bathroom
 - ☐ can verbalize urination need
 - ☐ uses augmentative device for urination
 - ☐ can verbalize bowel movement need
 - ☐ uses augmentative device for bowel movement

Room for bathrooming: _____

Transfer:

- ☐ ambulates to stool
- ☐ ambulates to urinal
- stands alone at stool with no support

- ☐
- ☐ stands alone at urinal with no support
- ☐ can place self on stool
- ☐ staff places on stool
- ☐ stands at stool, but requires staff support to do so
- ☐ stands at urinal, but requires staff support to do so
- ☐ sits on stool, but requires staff support to do so
- ☐ sits on stool independently
- ☐ use gait/transfer belt
- ☒ requires ☐ 1 ☐ 2 person to assist in pivoting to stool and off
- ☒ requires ☐ 1 ☐ 2 person lift to sit on stool and get off
- ☒ requires ☐ 1 ☐ 2 person lift to be placed on changing ☐ table ☐ mat and off again
- ☒ Hoyer lift - requires ☐ 1 ☐ 2 person

Needed items:

- ☐ diaper/brief
- ☐ grab bar
- ☐ specific toilet seat
- ☐ splash guard
- ☐ disposable wipes
- ☐ disposable under pad
- ☐ gloves
- ☐ disinfectant spray

Procedure:

- ☐ requires complete assistance with all bathrooming needs
- ☒ urinates ☐ standing at stool ☐ standing at urinal ☐ sitting on stool with no assistance
- ☒ after urination ☐ can wipe independently ☐ needs assistance with wiping
- ☒ after bowel movement ☐ can wipe independently ☐ needs assistance with wiping
- ☒ requires ☐ 1 ☐ 2 person support while pulling down pants/protection
- ☒ change ☐ while stands near stool/grab bar/urinal ☐ while sits on stool
- ☒ change on ☐ floor ☐ changing table
- ☒ change on ☐ floor ☐ changing table for BM's only
- ☒ prompt/coach through procedure
 - ☐ verbal: unbuckle, pants up, pants down, sit , flush, roll
 - ☐ pictos

Personal care item (brief, pullup, etc):

- ☐ observe for skin breakdown at all times when changing
- ☐ cleanse skin with each change of personal care item
- ☐ apply salves/ointments only when approved

Dressing:

- ☐ requires adjusting of clothes after self completion
- ☐ assist with fasteners - buttons, snaps, ties

Cleansing:

- ☐ cleanse stool/device/area with disinfectant spray solution after use

Behaviors:

- ☐ needs monitoring at all times while in bathroom

Comments:

Grooming:

Hair care:

- ☒ completed: ☐ AM ☐ PM ☐ as needed ☐ after swimming
- ☐ daily with student completing independently
- ☒ daily: requires: ☐ hand over hand ☐ pictos ☐ coaching
- ☐ daily with staff completing

Skin (face, arms, etc):

- ☐ daily with student completing independently
- ☒ daily: requires: ☐ hand over hand ☐ pictos ☐ coaching
- ☐ daily with staff completing
- ☐ as needed with student completing independently
- ☒ as needed requires: ☐ hand over hand ☐ pictos ☐ coaching
- ☐ as needed with staff completing

Teeth/Oral Care:

- ☒ frequency: ☐ AM ☐ PM ☐ as needed
- ☐ student independent in procedure
- ☐ student requires reminding
- ☐ staff completes procedure
- ☐ staff assists with toothpaste
- ☒ requires: ☐ hand over hand ☐ pictos ☐ coaching
- ☐ staff uses sponge toothettes

Eye wear:

- ☒ cleanse ☐ daily ☐ as needed
- ☒ staff completes
- ☒ student completes

Hearing aid:

- ☐ student can self place
- ☐ staff place in ear daily
- ☒ check battery: times per day ____

Nails:

- ☐ cut as needed

Deodorant:

- ☒ student applies ☐ daily ☐ as needed ☐ after swimming
- ☒ staff applies ☐ daily ☐ as needed ☐ after swimming

Cosmetics:

- ☐ student self applies
- ☐ staff assists student with applying
- ☐ staff applies as needed

Drooling:

- ☐ wears protective item

Comments:

Dressing:

Procedure:

- ☐ student completely dependent on staff for dressing
- ☐ student completes independently
- ☒ student requires ☐ verbal prompts (pull up/down, zip, button, shoes off) ☐ pictos
- ☒ hand over hand due to ☐ minimal self ability ☐ learning procedure
- ☐ staff starts task (zippering, etc.) and student can complete
- ☐ needs assistance with fasteners - zippers, buttons, snaps, ties
- ☐ requires adjusting after self completion
- ☐ requires assistance with coat/boots/mittens wear
- ☐ requires assistance with hanging items in locker

Devices:

- ☐ AFO's ☐ SMO's ☐ shoe inserts ☐ braces ☐ splints
- ☐ student leaves on all day
- ☐ apply when student arrives at school
- ☒ removed and reapplied: ☐ after ambulating ☐ after outside play (sand)
- ☐ after swimming ☐ with winter boots
- ☒ observe for redness/color change: ☐ one time per day ☐ when removed ☐ as needed
- ☒ apply as directed: _____

Laundry:

- ☐ student assists
- ☐ staff completes

Comments:

Bathing:

Procedure:

- ☐ student completely dependent on staff for bathing
- ☐ independent in showering

- ☒ requires staff to assist with ☐ soap ☐ cleansing ☐ shampooing ☐ drying
☐ apply lotion as directed

Comments:

Transferring: ***for bathrooming, see bathrooming section in this document

Student independent in transferring: ☐ Y ☐ N

Requirements for student to get to designated area

- ☐ one person lift
☐ two person lift (if over 45 pounds)
☒ Hoyer lift - requires ☐ 1 ☐ 2 person assistance
☒ pivots with ☐ 1 ☐ 2 person assistance
☐ use gait/transfer belt at all times
☐ support student while in sitting position
☐ support student while standing
☐ stand by and assist if necessary
☐ requires constant supervision
☐ swimming pool lift

Ability may vary from day to day: ☐ Y ☐ N

Comments:

Mobility:

Ability may vary from day to day: ☐ Y ☐ N

Mode:

- ☐ ambulates independently
☐ ambulates with staff support at all times
☐ ambulates with staff support as needed

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[illegible]

☐ may run from area

☐ monitor mobility closely

☒ must wear helmet ☐ at all times ☐ during gym or when exercising ☐ during outside activities

☐ use seat belt/shoulder harness when in wheelchair

☐ into school building
☐ out of school building



Positions: change every minutes

☐ wedge ☐ stander ☐ side lying ☐ Rifton chair ☐ cube chair ☐ bean bag
☐ peanut ball ☐ tumbleform ☐ swing ☐ neck collar ☐ pillows ☐ towels ☐ boppy pillows

Schedule of positioning:

Requires nap during day: ☐ Y ☐ N

Comments:

Interventions for Seizure Disorders:

Knowledge:

- ☐ familiarity with district protocol
- ☐ familiarity with individual care plan/action plan
- ☐ document observations on observation form
- ☐ contact health office at start of seizure

Limited participation on playground or in PE: ☐ Y ☐ N

Requires assistance with elevator/stairs: ☐ Y ☐ N

Comments:

Behavior - redirection and intervention:

☐ Behavior Intervention Plan exists - see attachment

Interventions:

- ☐ time outs
- ☐ attempt to keep safe
- ☐ hands to self
- ☐ offer choices: verbal/augmentive device
- ☐ use of timers
- ☐ keep contained
- ☐ hands out of mouth
- ☐ encouragement to follow directions
- ☐ encouragement to stay on task
- ☐ redirect
- ☐ being kind to self, peers, and adults
- ☐ socially acceptable behaviors
- ☐ soft/quiet voice
- ☐ requires constant supervision
- ☐ attempt to de-escalate
- ☐ offer positive reinforcements

Behavior may vary from day to day: ☐ Y ☐ N

Comments:

Health Related Procedures and Tasks: Are directed and delegated by Licensed School Nurse/PT/OT only

Medication administration:

- ☐ oral
- ☐ injections
- ☐ inhalers
- ☐ nebulizer treatments
- ☐ tube feeding
- ☐ rectal

Blood glucose monitoring per care plan: ☐ Y ☐ N

Abdominal tube feedings as per care plan: ☐ Y ☐ N

Catheterize as per care plan: ☐ Y ☐ N

Shunt care:

- ☐ monitor/protect shunt area in head
- ☐ monitor for signs and symptoms of shunt malfunction

Abdominal pump:

- ☐ monitor/protect pump site

Activity Level:

☐ monitor if changes from day to day

☐ activity is as tolerates

Cleanse toys to prevent infection: ☐ Y ☐ N

Assist to health office as needed: ☐ Y ☐ N

Range of motion (per PT guidance):

☐ frequency per day: ☐ 1x ☐ 2x

☐ Extremities: ☐ R arm ☐ L arm ☐ R leg ☐ L leg
☐ R hand ☐ L hand ☐ R foot ☐ L foot

Muscle strengthening:

_____ times per day

type: ☐ bike ☐ trike ☐ circuit ☐ scooter ☐ individual plan

Comments:

Personal Care Assistance Care Plan

Signatures

Recipient Signature: _____ Date: _____

Responsible Party Signature: _____

Responsible Party Title: _____

Date: _____

Qualified Professional Signature: _____

Qualified Professional Title: _____

Date: _____

Attachments: _____