

MAWSECO #938
PCA
Activity Log Time Study

D.O.B. (MM/DD/YY): _____

District: _____

Activity:Select One	Description of Service:

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
											Average Minutes:		

Activity: Select One	Description of Service:

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
											Average Minutes:		

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Student Name:

Activity: Select One

Description of Service:

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
											Average Minutes:		

Activity: Select One

Description of Service:

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
											Average Minutes:		

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Student Name: _____

Activity: Select One **Description of Service:** _____

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
												Average Minutes:	

Activity: Select One **Description of Service:** _____

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
												Average Minutes:	

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Please complete one "Activity" section for each PCA service provided to the student throughout the school day. Be sure to record the start and end times each activity is completed in a day for a 10-day period. After the time study is complete, please calculate the average minutes provided for each activity per day. *A time study is valid for 2 years, unless the IEP changes sooner.* Please send a copy of the time study to MAWSECO and retain the original on file at the district.

Total average minutes per day of personal care = _____ min/day.

Total number of minutes in a school day = _____.

"It is a federal crime to provide false information on personal care service billings for medical assistance payment."

Provider Name: _____ Initials: _____

Provider Name: _____ Initials: _____

Provider Name: _____ Initials: _____

