**Student Name: Month: Dec 2019**

Place a check mark under the DATE column for services delivered. If a student is absent or school is not in session, leave blank.

**Keep Original Log in Student’s SpEd file. Sign Log and send a copy by the 5th of the month to: Medicaid Outreach Office, Jordan Valley School**

**or email log to: medicaid.Info@canyonsdistrict.org**

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| **IEP Minutes****Per****Day** | **PERSONAL CARE****SERVICES** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|  | 1. Dressing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. Feeding Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. Hygiene |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4. Mobility Support |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5. Other Health Support |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6. Respiratory |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 7. Toileting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **←Total Daily Personal Care Minutes** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | **Behavior Support** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Paraprofessional Print Name Above Paraprofessional’s Signature Above Date

Paraprofessional Print Name Above Paraprofessional’s Signature Above Date

Paraprofessional Print Name Above Paraprofessional’s Signature Above Date

Teacher/Supervisor Print Name Above Teacher/Supervisor Signature Above Date

**Personal Care Services -** Personal care services are a range of human assistance services provided to students 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. Personal Care Services are provided by Certified or Para classroom staff.

1. **Dressing** – Helping with putting on/taking off, fastening/unfastening clothing to include special devices such as back/leg braces, corsets, artificial limbs or splints.
2. **Feeding Assistance** – Helping with use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, cleaning face and hands as needed after a meal. Also includes tube feeding, cleaning tube feeding supplies.
3. **Hygiene** – hand washing, showering, bathing, hair combing/brushing, brushing teeth, shaving, fingernail and toe care.
4. **Mobility Support** – Helping with walking or moving around such as walking down the hall in a PT Walker or climbing stairs. Transferring from one position to another, such as to or from a wheelchair, into/out of stander, to floor, to come to a standing position and or repositioning to prevent skin breakdown.
5. **Other Health Support –** this includes hands-on assistance, cueing/monitoring and subsequent intervention as a result of student seizure, monitoring for diabetes/blood sugar changes
6. **Respiratory** – maintenance and adjustment of oxygen equipment for student.
7. **Toileting** – helping on/off toilet, commode/bed pan, emptying commode/bed pan, managing clothing, wiping and cleaning body after toileting, cleaning ostomy and/or catheter tubes/receptacles, applying diapers and disposable pads; may include doing catheter, ostomy or bowel programs.

**Behavior Support** – Redirection or Intervention to support the student’s behavior. Student must either have a Behavior Intervention Plan (BIP) or a Social/Emotional/Behavioral IEP goal.

**Questions** – please call or email Diana Heath – 801-826-7273, diana.heath@canyonsdistrict.org