

School District - Personal Care Service Notes

Student Name: _____

Date	Time In	Time Out	Hygeine	Toilet	Mobility	Meal Prep.	Meal Assist.	Dressing Undressing	Laundry Housekeeping	Med. Admin.	Shopping	Notes	Total Minutes

Total Minutes: _____

Personal Care Aide Signature: _____

* Check only one task for each in/out time



