PERSONAL CARE DOCUMENTATION LOG

MSB CONSULTING

STUDENT NAME: _____   DATE OF BIRTH: _____
DISTRICT OF LIABILITY: _____   SCHOOL: _____

DATE: _____/_____/_____
START TIME: _____
STOP TIME: _____
TOTAL BILLABLE TIME (I): _____
TOTAL BILLABLE TIME (G): _____
LOCATION: * _____

DAY OF WEEK: _____
GROUP SIZE: ** _____
LESS: OT/PT _____(_____)
LESS: SLP _____(_____)
LESS: NURSE _____(_____)
LESS: OTHER _____(_____)

☐ MOBILITY   ☐ TOILETING   ☐ PROMPTING
☐ COMMUNICATION   ☐ BATHING   ☐ CUEING
☐ BEHAVIORAL MANAGEMENT   ☐ DRESSING   ☐ MONITORING
☐ EATING   ☐ GROOMING   ☐ REDIRECTING
☐ MEDICATIONS   ☐ HYGIENE   ☐ OTHER: _____

*** RATIONALE: _____

DATE: _____/_____/_____
START TIME: _____
STOP TIME: _____
TOTAL BILLABLE TIME (I): _____
TOTAL BILLABLE TIME (G): _____
LOCATION: * _____

DAY OF WEEK: _____
GROUP SIZE: ** _____
LESS: OT/PT _____(_____)
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☐ MEDICATIONS   ☐ HYGIENE   ☐ OTHER: _____

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GROUP SIZE: ** _____
LESS: OT/PT _____(_____)
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☐ MEDICATIONS   ☐ HYGIENE   ☐ OTHER: _____

*** RATIONALE: _____

PROVIDER'S NAME: _____   DATE: _____/_____/_____

PROVIDER'S SIGNATURE: _____

UNLESS SO NOTED, SCHOOL WAS IN SSESSION AND THE STUDENT WAS IN ATTENDANCE ON ALL DAYS RECORDED.
I HAVE EDITED THIS FORM TO CORRECTLY REFLECT THE SERVICES DELIVERED ON THE ABOVE DATES.

* LOCATION KEY: 1 = SCHOOL, 2 = HOME, 3 = BUS, 9 = OTHER

** GROUP SIZE KEY: I = INDIVIDUAL, G/# = GROUP/# IN GROUP

***RATIONALE NEEDED IF EXCEED MAX TIME ALLOWABLE