

**MEDICAL ASSISTANCE TIME STUDY DOCUMENTATION**  
**PERSONAL CARE ASSISTANT (PCA)**

**DISTRICT/SCHOOL NAME:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**STUDENT D.O.B:** \_\_\_\_\_

**IEP MGR:** \_\_\_\_\_ **SUPRVSR SIGN/DATE:** \_\_\_\_\_

**MONTH/YEAR:** \_\_\_\_\_

**COMPLETE FOR 10 SCHOOL DAYS**  
**ENTER START and END TIMES FOR EACH SERVICE, EACH DAY**

**PCA NAMES- \*SEE BOTTOM OF SHEET**

DATE (MM/DD/YR):	Day 1		i n t l s	g r o u p #	Day 2		i n t l s	g r o u p #	Day 3		i n t l s	g r o u p #	Day 4		i n t l s	g r o u p #	Day 5		i n t l s	g r o u p #	Minutes Week 1	
	start	end			start	end			start	end			start	end			start	end				
<b>Activities of Daily Living</b>	<b>CUEING, STAND-BY SUPERVISION OR HANDS-ON ASSISTANCE</b>																					
Eating																						
Toileting																						
Grooming																						
Bathing																						
Positioning																						
Mobility																						
Transfers																						
Dressing																						
<b>Health Related</b>	<b>PROCEDURES AND TASKS THAT ARE DELEGATED OR ASSIGNED TO A PCA BY A LICENSED HEALTH CARE PROFESSIONAL</b>																					
Self administered medication																						
Range of Motion																						
<b>Behavior</b>	<b>INTERVENTION &amp; REDIRECTION THAT IS NECESSARY AND RELATED TO CHILD'S DIAGNOSIS</b>																					
Level 1 Behaviors toward Self, Others or Destruction of Property																						
Redirection of: Vulnerability, Socially Inappropriate, Resisting Care, Verbally Aggressive																						

**MEDICAL ASSISTANCE TIME STUDY DOCUMENTATION -  
PERSONAL CARE ASSISTANT (PCA)**

**DISTRICT/SCHOOL NAME:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**IEP MANAGER:** \_\_\_\_\_

**COMPLETE FOR 10 SCHOOL DAYS  
ENTER START and END TIMES FOR EACH SERVICE, EACH DAY**

DATE (MM/DD/YR):	Day 6		i n i t i a l s	g r o u p #	Day 7		i n i t i a l s	g r o u p #	Day 8		i n i t i a l s	g r o u p #	Day 9		i n i t i a l s	g r o u p #	Day 10		i n i t i a l s	g r o u p #	Min Wk. 2	Min Wk. 1	Tot. Min.	Avg. Dail. Min.	
	start	end			start	end			start	end			start	end			start	end							
<b>Activities of Daily Living</b>	<b>CUEING, STAND-BY SUPERVISION OR HANDS-ON ASSISTANCE</b>																						divide by 10		
Eating																									
Toileting																									
Grooming																									
Bathing																									
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