

Eaton RESA Monthly Documentation for Personal Care Services

District _____

Student _____

Month & Year _____

Day of the Week:	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
Ambulation																															
Assistance with Self-Administered Medications																															
Bathing																															
Dressing																															
Eating / Feeding																															
Grooming																															
Health Related Functions through Hands-On assistance																															
Maintaining Continence																															
Meal Preparation																															
Mobility Positioning																															
Redirection for Behavior																															
Respiratory Assitance																															
Personal Hygiene																															
Skin Care																															
Toileting																															
Transferring																															
Medical Equipment Maintenance																															
Intervention for Seizure Disorder																															
No School / Holiday																															
Student Absent																															
Health Provider Absent																															
Personal Care Health Provider Signature								Date								Case Manager Signature															