\*\* For scanning purposes, please use only <u>black or blue ink</u> when completing this form. \*\*

Wa	yne	Cou	nty I	SD N	<b>Iont</b>	hly S	Servi	ce L	og fo	r Pe	rson	al Ca	re S	ervi	ces												
Services:																											
1 Eating/Feeding	9 Mobility/Positioning																										
2 Respiratory assistance	10 Meal preparation																										
3 Toileting	11 Skin care																										
4 Grooming	12 Other																										
5 Dressing		intaining	-																								
6 Transferring						medicat	ions																				
7 Ambulation	15 Redirection and intervention for behavior																										
8 Personal hygiene 16 Health related hands-on assistance, cueing and monitoring									3																		
												Month					Classroom Teacher:										
		Week Of:						Week Of:					Week Of:					Of:				Week Of:					
Student Name:		М	Т	W	TH	F	M	Т	W	TH	F	М	Т	W	TH	F	M	Т	W	TH	F	M	Т	W	TH	F	
																								├──			
																								<u> </u>	<u> </u>		
		L.			***NOT	E: Schoo	ol Parapr	ofession	al signa	ture is re	equired (	first initi	al, last n	ame) for	r each da	ite servi	ces were	rendere	d.		•						
I attest that the services	docume	nted abo	ove wei	re provid	ded on t	he date	indicated	d, to the	student	t named,	, in acco	rdance	with the	Michiga	an Medio	al Serv	ice Polic	y guidel	ines, an	nd that th	iese ser	vices we	re logge	∍d into S	Service		
Tracker.																											
Paraprofessional Signature:												Printed N	lame: _								_						
*********	******	*****	*****	*****	******	******	******	*****	*****	*****	******	******	******	*****	*****	******	*****	*****	*****	*****	**						
I have reviewed the Para	anrofonoi	ional Aa	etiv eite e Cl	hook Lie	t abovo	for the	month of				20																
i nave leviewed tile Fale	<i>αρι</i> Οι <b>σ</b> οδί	oriai AC	uvity Ci	IOUN LIS	above	ioi uie i	nonun OI				_, 20	·															
Signature of Teacher/Licensed Practitioner:												Print	ed Nam	e:													
When comple	eted an	d sign	ed, th	ese fo	rms n	ıust be	kept o	on file	in the	Specia	al Edu	cation	Office	for 7	years	in cas	e of a S	tate o	r Fede	eral Au	dit.						