

Weslaco ISD

Weekly Documentation for Personal Care Services

Month: _____

Student Name: _____

ID # _____

Day of the Week	Start Time	Stop Time	Academic Instr. w/aide	Adaptive Device	Adaptive PE	Diapering/Toileting	Dressing	Eating/Feeding	Escorting	Orientation/Mobility	Cueing and Monitoring	Supervision/Monitoring	Positioning	Personal Hygiene	Redirection and Intervention	Accessing/Utilize Transportation	Functional Reading	Communication Assistance	Grocery Shopping	Job Training	Laundry	Job Coaching	Medication Management	Money/Finance	Telephone	Meal Planning/Preparation	Household Chores	Transferring	Sign Language Interpretation	Other PCS
Monday																														
Date:																														
Time Service not Provided:																														
Tuesday																														
Date:																														
Time Service not Provided:																														
Wednesday																														
Date:																														
Time Service not Provided:																														
Thursday																														
Date:																														
Time Service not Provided:																														
Friday																														
Date:																														
Time Service not Provided:																														

I attest that the services documented above were provided on the date indicated, to the student named, in accordance with the SHARS and Independent School District Policy Guidelines.

Teacher / Aide Signature: _____

Date: _____