Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South Alpena, Mi 49707 Phone (989)354-3101 Fax (989)356-3385

# PERSONAL CARE SERVICES MONTHLY LOG – April, 2018

| | | | |
|---|---|---|---|
| **Student Name:** | **Student UIC:** | **District:** | **Teacher:** |
| **Student DOB:** | | **Building:** | **Para-Pro:** |

| **Type of Personal Care Service:** | April | | | | | April | | | | | April | | | | | April | | | | | April | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M | T | W | Th | F | M | T | W | Th | F | M | T | W | Th | F | M | T | W | Th | F | M | T | W | TH | F |
| | 2 | 3 | 4 | 5 | 6 | 9 | 10 | 11 | 12 | 13 | 16 | 17 | 18 | 19 | 20 | 23 | 24 | 25 | 26 | 27 | 30 | | | | |
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| **Student Absent** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Para-Pro Absent** | | | | | | | | | | | | | | | | | | | | | | | | | |

**Monthly Summary (check one)**

☐ Student has shown no improvement at performing personal care.

☐ Student has increased independence at performing personal care.

☐ Student has maintained independence at performing personal care.

**Response to Treatment (check one)**

☐ Student continues to require personal care services.

☐ Student required less personal care services.

**Para-Pro Name** _____ **Para-Pro Signature** _____ **Date** _____