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 – November, 2017

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

Type of Personal Care Service:	November					November					November					November					November				
	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
			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	
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** _____