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 – October, 2016

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

Type of Personal Care Service:	October					October					October					October					October				
	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
	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31				
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** _____