

## **Documentation of Supervision: Personal Care Assistant for IEP Services**

- The QP must complete an initial evaluation of the personal care assistant through direct observation of the personal care assistant's work within the first 14 days (or sooner) of starting to provide regularly scheduled services to the child.
- After the initial evaluation, subsequent visits do not require direct observation of each person providing PCA services unless determined by the QP based on the needs of the child and the personal care assistant's ability to meet those needs.
- The QP must complete periodic evaluations at least every 90 days for the first year of service to the child. After the first two 90-day evaluations of a PCA providing service to the same child, the supervisory visits may alternate between unscheduled phone or internet technology and in-person visits, unless the in-person visits are needed according to the care plan.
- After the 90 day evaluations, periodic evaluations must be completed every 120 days in the second and succeeding years that the same person is providing the PCA services to the same child.

*(Please print)*

Student Name: \_\_\_\_\_ Student Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PCA Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Manager: \_\_\_\_\_ School: \_\_\_\_\_

Name of Qualified Professional Supervising PCA: \_\_\_\_\_

<b>Activity</b>	<b>Check One:</b> <input type="checkbox"/> 14 Day <input type="checkbox"/> 90 Day <input type="checkbox"/> 120 Day <b>Supervision (please circle one)</b>	<b>Comments</b> <i>(use back if necessary)</i>
IEP/Care Plan Reviewed	Yes No	
Eating	VS S NS IG NA	
Toileting	VS S NS IG NA	
Dressing	VS S NS IG NA	
Transfers	VS S NS IG NA	
Mobility	VS S NS IG NA	
Positioning	VS S NS IG NA	
Behaviors	VS S NS IG NA	

**KEY:** VS = Very Satisfied with services provided S = Satisfactory NS = Not Satisfactory  
IG = Instruction Given NA = Not applicable to this student's needs

Signature of Qualified Professional/Supervisor: \_\_\_\_\_

Title of Qualified Professional/Supervisor: \_\_\_\_\_

Next Supervision due by: \_\_\_/\_\_\_/\_\_\_