

Student Name: (print)	School:
Student Date of Birth: _____/_____/_____	Case Manager/Responsible Party:
Start/End Dates of Study: _____/_____/_____ to _____/_____/_____	PCA Supervision:

Service Providers: (list all PCAs who provided support to the student during this 10 day Time Study)

Printed Name	Signature	Initials

It is a federal crime to provide false information on personal care service billings for medical assistance payment.

DIRECTIONS FOR TIME STUDY:

1. One Time Study log is to be used per student. Each PCA supporting the student will document on the same Time Study pages.
2. Write the name of the student (first AND last) and the school district on the top of the JOURNAL ENTRY PAGE (if it is not typed in).
3. Make copies of the JOURNAL ENTRY PAGE before you start writing on it so that you have enough pages for all your entries. (You may want to start with 4 or 5 and when you get down to 1 left and still have days remaining in the time study, make more copies).
4. Each line on the JOURNAL ENTRY PAGE is considered an "entry".
5. On the first entry line for the day enter the Day #. You only need to enter this on the first entry of each day. You are required to make entries for 10 days.
6. Enter the Date. You need to enter the date for EACH entry of each day. You cannot use quote marks. For the first line of each journal, include the YEAR.
7. Document start and end time each time a task is completed.
8. Write your initials on the entry line. Each entry MUST have the initials of the PCA/para completing the task.
9. Enter the # of children in the group. This is the number of students the PCA was supporting while completing the task on this entry line. This must be filled in for each task/entry.
10. Calculate the number of minutes from start to end for this line entry task and write the minutes under the related task. For example: 8:20-8:30 is 10 mins. If you were getting the child off the bus and escorting him/her to the classroom, enter "10" under the "Mobility" task. If you were getting 2 children from the bus and escorting to the classroom, you would divide the "10" by 2 and write "5" under the "Mobility" task.
11. **DAILY TOTAL MINUTES will only have a number on the last entry for a day. Add up all the numbers under all the tasks for the day and enter the total number of minutes for that day at the end of the entry that is the last task entry for the day.**
12. Please LEAVE A BLANK LINE in between days. You may have more than 1 day per page as long as there is a blank line between days.
13. If the student or PCA is absent a day, skip that day. Continue the time study when both are back to schedule. You do not need to start the time study over.
14. After all PCAs have completed their entries for all tasks with the student for 10 days, enter the Start and End dates of the Time Study at the top of THIS page.
15. Go to PAGE 2 of this Time Study form and check the boxes under the **Eligibility Checklist** that pertain to the support needed during the 10 days recorded for the student.
16. Enter the **DAILY TOTAL MINUTES** for each of the 10 days below and calculate the average minutes per day.
17. Be sure that all paras that provided support to the student for the 10 days of the time study have names printed, signed and initialed on this page. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the student's IEP/Care Plan.
18. The time study should be submitted in black ink. Do not use white out, correction tape, pencil, ditto marks or arrows. If a mistake is made, you can put one strikethrough line through the error and initial by it.
19. Copy all pages of the Time Study and Journal Entry Pages to keep in the student's file that the case manager has.
20. Staple all pages of the Time Study and Journal Entry Pages together and send to Shelley at Southern Plains office.

(A) DAILY MINUTE TOTALS	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10

(B) Total minutes of the 10 days: _____ ÷ 10 = Average minutes per day for daily log

(C) _____

STUDENT NAME: _____

Please check areas where student requires intervention, monitoring, prompts or assistance. *A child is not dependent in an activity or ADL if the child's need for assistance is age appropriate*

Behavior/Vulnerability: *(assisting/promoting, monitoring/observing, redirection/intervention of behavior and/or vulnerability)*

Self-injurious	Physical injury to others	Destruction of property	Unusual or repetitive habits	Withdrawn Behaviors	Socially Offensive
Self-hitting	Hitting	Break windows/furniture	Head weaving	Avoiding others	Spitting
Self-biting	Biting	Tearing clothes	Rocking	Refusing to talk to others	Inappropriate touching
Head banging	Pinching	Setting fires	Grinding teeth	Argumentative	Inappropriate language
Self-poking or stabbing	Scratching	Using tools/objects to damage	Spinning objects	Resistive to care	Verbally aggressive
Ingesting non-edibles	Kicking	Throwing/flipping furniture	Hand-flapping	Elopement	Screaming
Pulling out hair	Hair pulling	Damaging computers/class room items	Chewing/sucking on non-edible items		Urinating/masturbating in inappropriate places
Suicide threats	Pushing/Roughness	Destroying books/papers	Humming or screaming		Bullying
Other:	Other:	Other:	Other:	Other:	Other:

Vulnerability due to cognitive deficit or disability

Socially vulnerable (Teasing from peers, doing inappropriate social acts)	Vulnerable to strangers (leave with someone they don't know, friendly to those who are unfamiliar adults/peers)	Vulnerable to harmful situations (touching a hot surface)
Vulnerable due to cognitive deficit	Vulnerable sexually	Medically fragile

Eating

Assistance in lunch line (choosing food, carry tray, silverware, beverage)	Setting-up food (cutting, arrange plate, open packages, mixing)	Cue to stay on task to get nutrition/fluid intake, not eat fast, not choke
Washing hands before & after eating	Feeding and/or monitoring intake for medical reasons	Other:

Dressing

Assists choosing/changing clothing: zippers, snaps	Manage braces or other orthotics	Laundering clothing that is soiled
Assists with shoes/boots: tie, put on/off	Other:	Other:

Grooming

Assistance with basic hair care	Assistance with dental care	Ensuring clothes are clean & properly fastened
Care of eyeglasses, hearing aids (batteries, positioning)	Assistance with keeping face clean, blowing nose	Other:

Transfers

Physical assistance to transfer child from one seating/standing position to another, including Hoyer lift, wheelchairs, stander	Other:	Other:
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Mobility

Assist from point A to point B: push wheelchair, hand-in-hand assist to walk, monitor to walk safely due to medical need	Other:	Other:
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Positioning

Positioning or turning child for necessary care and comfort; insure proper body alignment to prevent injury	Other:	Other:
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Personal Hygiene and Toileting

Cueing and supervision of toileting	Assistance with feminine hygiene	Assistance with clothing
Transfer to and from toilet	Wiping	Assistance with washing/drying hands
Cleaning/sanitizing bathroom or diapering area	Diapering	Skin care: inspecting, applying lotions
Other:		

Other Health Related Tasks

Assists/monitoring Range of Motion/Muscle Exercises	Seizure Management: Monitor for seizures and physical assistance to maintain safety	Assist with self-administered medication, including reminders, open meds, give to child, monitor
Constant monitoring of child due to medical condition	Other:	Other:

