**Personal Care Services** are a range of human assistance services provided to persons with disabilities and chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him/her self.

**Personal Care Services** may include, but are not limited to, assisting with the following:

Eating/feeding

Respiratory assistance

Toileting

Grooming

Dressing

Transferring

Ambulation

Personal hygiene

Mobility/Positioning

Meal preparation

Skin care

Bathing

Maintaining continence

Assistance with self administered medications

Redirection and intervention for behavior

Health related functions through hands-on assistance, supervision, and cueing

Other

**Student Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Student: |  | | | | Date of Birth: | |  |
|  | | | | | | | |
| Attending District: | |  | | Attending School: | |  | |
|  | | | | | | | |
| Personal Care Asst.: | | |  | | | | |
|  | | | | | | | |
| Classroom Teacher: | | |  | | | | |
|  | | | | | | | |

**Authorization**: Personal care services require an authorization by a licensed practitioner, including Registered Nurses, Occupational Therapists, Physical Therapists, Master of Social Work, and Speech-Language Pathologists, operating within the scope of their practice.

**Licensed Practitioner Authorization:**

I certify that the above named student requires daily personal care services, as checked above, due to their disability or medical condition:

Signature: Date:

Julie A. Mominee, R.N., Supervisor Health Services

**This authorization must be updated annually and kept in the student’s record for seven years.**