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

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| * The QP must complete and document hands-on or individualized training to the PCA for the care of the child prior to the start of service.
* The QP must complete and document an initial evaluation of the PCA through direct observation of the personal care assistant’s work within the first 14 days of starting to provide regularly scheduled services to the child.
* The QP must complete and document periodic evaluations ***at least every 90 school days for the first year of service to the child***, or more often if revisions to the IEP/Care Plan have been made, the QP determines more are necessary based on the needs of the child or the PCA’s ability to meet those needs, or the child/parent/guardian/teacher/case manager makes a request for increased supervision of the PCA services.
* After the 90 day evaluations, periodic evaluations must be completed at least every 120 days in the second and succeeding years that the same person is providing the PCA services to the same child.
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***(Please print)***

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

PCA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualified Professional Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Qualified Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

 [ ]  Documentation of Training

1. [ ]  Hands-on or individualized training to the PCA by the Qualified Professional for the care of the child was conducted. [ ]  Activities of Daily Living [ ]  Level 1 Behaviors
2. [ ]  The IEP/Care Plan was reviewed by the Qualified Professional and PCA together.
3. [ ]  The PCA has been informed of emergency contact information for the child.
4. [ ]  The PCA has been given special instructions or procedures to meet the child’s specific needs.

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

Next Supervision due by: \_\_\_\_/\_\_\_\_/\_\_\_\_ *(within 14 days of this training)*

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 [ ]  14 Day Evaluation [ ]  90 Day Evaluation [ ]  120 Day Evaluation

1. The PCA understands the needs of the child as outlined in the IEP/Care Plan. [ ]  Yes [ ]  No
2. The PCA has demonstrated the ability and is competently carrying out the tasks and activities for meeting the needs of the child as identified in the IEP/Care Plan. [ ]  Yes [ ]  No
3. The PCA understands when to notify the QP of concerns or changes in the condition or behavior of the child and when emergency actions and contacts are required. [ ]  Yes [ ]  No
4. The services provided by the PCA are helping the child to participate in and benefit from regular and special education. [ ]  Yes [ ]  No
5. The PCA is documenting on all necessary paperwork as required. [ ]  Yes [ ]  No
6. Through discussions with the child and observations of PCA service, I have determined the child satisfaction with the service of the PCA is: [ ]  Very satisfied [ ]  Satisfied [ ]  Not satisfied
7. Through discussions with the parent, I have determined the parent satisfaction with the service of the PCA is:

[ ]  Very satisfied [ ]  Satisfied [ ]  Not satisfied

1. Please describe any actions necessary to correct any deficiencies in the work of the PCA with the child and timeline for actions planned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

*Please send completed forms to Shelley at SPEC office after each training and evaluation.*