

## Supervision of Personal Care Assistance Services Periodic Evaluations – Every 90 days (Direct or Indirect)

- The qualified professional must complete periodic evaluations **at least every 90 school days**. Conduct more often if the qualified professional 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 or other educator makes a request for increased supervision of the PCA services, or the Care Plan requires more frequent evaluations.

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ District: \_\_\_\_\_

Supervision provided by: ☐ RN ☐ Mental Health ☐ Other Qualified Professional

PCA Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan of Care Compliance: S / I / NS

Care Plan reviewed: Y / N C / NC

Documentation by PCA reviewed: Y / N

Communication with student: VS / S / NS

Satisfaction level of PCA Service: VS / S / NS

PCA Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan of Care Compliance: S / I / NS

Care Plan reviewed: Y / N C / NC

Documentation by PCA reviewed: Y / N

Communication with student: VS / S / NS

Satisfaction level of PCA Service: VS / S / NS

PCA Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan of Care Compliance: S / I / NS

Care Plan reviewed: Y / N C / NC

Documentation by PCA reviewed: Y / N

Communication with student: VS / S / NS

Satisfaction level of PCA Service: VS / S / NS

PCA Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan of Care Compliance: S / I / NS

Care Plan reviewed: Y / N C / NC

Documentation by PCA reviewed: Y / N

Communication with student: VS / S / NS

Satisfaction level of PCA Service: VS / S / NS

S = Satisfactory I = Instruction given NS = Not Satisfactory

VS = Very Satisfied S = Satisfied NS = Not Satisfied

Y = Yes N = No C = Changed NC = Not changed

Outcomes or plans based on findings:

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_