

## Supervision of Personal Care Assistance Services Initial Evaluation – Within 14 days (*Direct*)

---

- The qualified professional must train the PCA through direct training, observation, return demonstrations, and consultation and ensure competency of the PCA in meeting the individual needs of the student prior to the start of service.
  - The qualified professional must evaluate the PCA through **direct observation** of the personal care assistant's work within the first 14 days (or sooner as determined by the QP) of starting to provide regularly scheduled services to the student.
  - After the initial evaluation, subsequent visits do not require direct observation of each person providing PCA services unless determined by the supervisor based on the needs of the student and the PCA's ability to meet those needs.
- 

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

PCA Name: \_\_\_\_\_ Service Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervision provided by:  RN  Mental Health  Other Qualified Professional

Documentation of PCA Training:

PCA/CFSS Certification  CPI Trained  Lift/Transfers  \_\_\_\_\_

Hands-on or individualized training to the PCA by the Qualified Professional for the care of the student was conducted.

\_\_\_\_ Activities of Daily Living    \_\_\_\_ Level 1 Behaviors    \_\_\_\_ Health Delegated Tasks

The PCA Plan of Care was reviewed by the Qualified Professional and PCA together.

The PCA is knowledgeable about and capable to provide the services related to the student's plan of care dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

---

14-Day Evaluation

Date of Direct Supervision: \_\_\_\_/\_\_\_\_/\_\_\_\_

1) Plan of Care Compliance:  Satisfactory  Instruction Given  Not satisfactory

2) Documentation by PCA reviewed:  Yes  No

3) Care Plan reviewed:  Yes  No  Changed  No Change

4) Communication with student:  Very Satisfied  Satisfied  Not Satisfied

5) Satisfaction level of PCA service:  Very Satisfied  Satisfied  Not Satisfied

6) Describe any actions necessary to correct any deficiencies in the work of the PCA with the student and timeline for actions planned: \_\_\_\_\_

---

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