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 ____ 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 _____