## **Personal Care Service Authorization**

Student Information:	
Name:	
Date of Birth:	
School District:	
Attending School:	
<b>PERSONAL CARE SERVICES</b> are a range of human assistance services provided disabilities and chronic conditions which enables them to accomplish tasks that they for themselves if they did not have a disability. Assistance may be in the form of hacueing so that the person performs the task by him/her self.	y would normally do
Personal Care Services may include, but are not limited to, assisting with the follow with a check mark all services that the above named student may require on a daily	
<ul> <li>□ Eating/feeding;</li> <li>□ Respiratory assistance;</li> <li>□ Toileting;</li> <li>□ Grooming;</li> <li>□ Dressing;</li> <li>□ Transferring;</li> <li>□ Ambulation;</li> <li>□ Personal hygiene;</li> <li>□ Mobility/Positioning;</li> <li>□ Meal preparation;</li> <li>□ Skin care;</li> <li>□ Bathing;</li> <li>□ Maintaining continence;</li> <li>□ Assistance with self administered medications;</li> <li>□ Redirection and intervention for behavior; and</li> <li>□ Health related functions through hands-on assistance, supervision and cuei</li> </ul>	ng.
<b>Authorization</b> Personal care services require an authorization by a licensed practit the scope of their practice, including Registered Nurses (RN), Occupational Therapis Therapists (PT), Master of Social Work (MSW) and Speech-language Pathologists (State of Social Work (MSW))	sts (OT), Physical
Licensed Practitioner Authorization:	
I certify that the above named student requires daily personal care services due to their disability or medical condition. This authorization is valid for one year from the signature date below.	
Licensed Practitioner Signature Date Signature	 ed

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