

**BERRIEN REGIONAL EDUCATION SERVICE AGENCY**

**PERSONAL CARE LOG**

<b>Student Name:</b>															<b>DOB:</b>										
<b>Classroom Teacher:</b>					<b>School District:</b>										<b>Month/Year:</b>										
<b>Type of Service</b>	<b>Week of:</b>					<b>Week of:</b>					<b>Week of:</b>					<b>Week of:</b>									
	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>
<b>Feeding/ Meal Preparation</b>																									
<b>Respiratory assistance</b>																									
<b>Toileting</b>																									
<b>Dressing</b>																									
<b>Personal Hygiene</b>																									
<b>Transferring</b>																									
<b>Mobility/Positioning</b>																									
<b>Behavior Redirection/Intervention</b>																									
<b>Other Health Related Functions</b>																									
<b>Student Absent</b>																									
<b>Provider Absent</b>																									
<b>Assistance w/ Self Administered Medications</b>																									