

Task/Hour Guide Instructions

Purpose

The purpose of this form is to record the amount of time that is spent providing Personal Care services. This form is a sample and can be recreated by district personnel to meet specific needs.

Specific Tasks

Each task has one or more activities or sub-tasks that forms the overall task. When calculating time, carefully consider which activities were provided.

1. Dressing:
 - Dressing recipient
 - Undressing recipient
 - Cuing assistance
2. Exercise:
 - Range of motion
3. Grooming:
 - Brushing teeth
 - Laying out supplies
 - Combing/brushing hair
 - Applying nonprescription lotion to skin
 - Washing hands and face
 - Cuing assistance
4. Toileting:
 - Changing diapers
 - Changing colostomy bag/emptying catheter bag
 - Assisting on/off bed pan
 - Assisting with use of urinal
 - Assisting with feminine hygiene needs
 - Assisting with clothing during toileting
 - Assisting with toilet hygiene: includes use of toilet paper & washing hands
 - Set-up supplies and equipment (Does NOT include preparing catheter equipment)
 - Standby assistance
5. Transfer:
 - Non-ambulatory movement from one stationary position to another (transfer)
 - Adjusting/changing recipient's position in bed or chair (positioning)
6. Ambulation (Walking):

- Assisting child in rising from a sitting to a standing position and/or position for use of walking apparatus
- Assisting with putting on and removing leg braces and prostheses for ambulation
- Assisting with ambulation/using steps
- Standby assistance with ambulation
- Assistance with wheelchair ambulation

NOTE: Do not include exercise as ambulation.

7. Eating:

- Spoon feeding
- Bottle feeding
- Set up of utensils/adaptive devices
- Assistance with using eating or drinking utensils/adaptive devices
- Cutting up foods
- Standby assistance/encouragement

NOTE: Tube feeding is not an allowable service.

8. Bus Escort:

- Accompanying a child on the bus when the child is functionally limited and receives medical service at the school on that date. Not for purposes of behavioral management.

Task/Hour Guide

Child Name:			Child ID:			
		Monday	Tuesday	Wednesday	Thursday	Friday
	Date					
Grooming						
Dressing Assistance						
Exercise						
Toileting						
Transfer Assistance						
Ambulation Assistance						
Eating Assistance						
Bus Escort						
Notes:						
Signature/Date						
		Monday	Tuesday	Wednesday	Thursday	Friday
	Date					
Grooming						
Dressing Assistance						
Exercise						
Toileting						
Transfer Assistance						
Ambulation Assistance						
Eating Assistance						
Bus Escort						
Notes:						
Signature/Date						