

## 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						

