Personal Care Assistant Daily Encounter Log

Sheet: _____ of: _____

Student Information

LEA Name:				Date:	
Student Name:		DOB:		Diagnosis:	

Provider Information

PCA:		Signature:	
PCA:		Signature:	
PCA:		Signature:	
PCA:		Signature:	

Time In	Time Out	Minutes	Description of activity, location, and outcome	PCA Initials
Total Minutes:				

Supervisor Name: _____ Signature: _____ Date: _____

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