Personal Care Verification Form

Student Name: _____ DOB: _____

IEP Inititation/Amendment Date: _____ Effective Date: _____

If Personal Care time on IEP changes or school day changes, a new PCVF is needed

Does the student have 1:1 support between classes and or locations? ☐ yes ☐ no

Does the student have 1:1 support all day, including lunch and recess? ☐ yes ☐ no

(if the answer to either of the above questions is no, do not bill personal care)

School Day	Total Hours Student is at School
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Total Hours	

Personal Care on the bus? If "Yes", how many hours per week?
Total Bus Hours

IEP services that combine to be Personal Care	
Service Description	Weekly Hours from IEP
Total Personal Care Hrs	

Other 1:1 IEP services when a Personal Care Aide is **not** present	
Service Description	Weekly Hours from IEP
Total Other 1:1 Services	

Total School and Bus Hours _____ Total IEP Hours _____

If the Total School and Bus Hours and the Total IEP Hours are different, explain the difference.

_____

_____

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