Peoria Consortium **School Health Aide** Daily Service Log

Student Name _____ Month _____, Year _____ School Health Aide_____
(Please Print) (Please Print)

School _____ Medicaid#_____

School Health Aide Signature Required Daily → (First Initial, Last Name)																															
Time↓ Date→	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
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12:30-12:45																															
12:45-1:00																															

School Health Aide Signature Required Daily → (First Initial, Last Name)																															
Time↓ Date→	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
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3:30-3:45																															
3:45-4:00																															
TOTAL																															

Activity Key and description to be used to document the services provided in the form above:

ACTIVITY KEYS:	**ACTIVITY DESCRIPTION**:
Code #1	Transferring and ambulating
Code #2	Assistance with food, nutrition, and diet activities
Code #3	Bowel and bladder care
Code #4	Redirection and intervention for behavior
Code #5	Handwriting support

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Note Related to School Health Aides: At least once per month the certificated/licensed Fee-for-Service staff member supervising the services of this School Health Aide must sign below attesting that the services have been performed competently. The following statement provides the necessary documentation:

I have reviewed the School Health Aide Services and Daily Service Log signed by the School Health Aide above for the month of ____________, 200__ and attest to the appropriateness of the services delivered consistent with the Student's IEP.

Teacher's Name: ____________________________________ Teacher's Signature: _____________________________________
(Please Print)

Supervising Staff Name: ________________________________ Supervising Staff Signature: ________________________________
(Please Print)