



Alpena-Montmorency-Alcona Educational Service District

2118 US 23 South Alpena, Mi 49707 Phone (989)354-3101 Fax (989)356-3385

PERSONAL CARE SERVICES 2011 – 2012 AUTHORIZATION FORM

Student's Last Name _____ First Name _____

Date of Birth _____ School District _____

Teacher _____ Para-Pro _____

Service Description (check all that apply)

Estimated daily frequency (please circle one)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Ambulation | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Assistance w/self-administered meds | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Bathing | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Dressing | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Eating/Feeding | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Grooming | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Health related functions through
hands-on assistance, supervision and cueing | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Maintaining continence | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Meal preparation | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Mobility/Positioning | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Personal hygiene | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Redirection and intervention for behavior | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Respiratory assistance | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Skin care | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Toileting | 1x 2x 3x 4x Other ____ -or- As needed |
| <input type="checkbox"/> Transferring | 1x 2x 3x 4x Other ____ -or- As needed |

I authorize Personal Care Services be provided to enable the student to accomplish tasks that they could normally do for themselves if they did not have a disability. This authorization is valid for the 2011-2012 school year.

Dr. Robert Gordon, D.O., FAA-INS. PLLC

Date