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