

SCHOOL HEALTH AIDE ENTRY FORM

REPORT DATE: _____ TO _____

STUDENT:
DOB:
SCHOOL:

SERVICE KEY
T= TRANSFERRING & AMBULATING
F= ASSISTANCE W/FOOD, NUTRITION, & DIET ACTIVITIES
B= BOWEL & BLADDER CARE
R= REDIRECTION & INTERVENTION FOR BEHAVIOR

During the time worked, for each 15-minute increment below, write in the appropriate service code from the service key to the right. At the end of each day, total the number of 15-minute increments documented for each service in the total column area to the right.

DATE	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15

DATE	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	

I certify that I have provided the services above and the information on this form I accurate to the best of my knowledge.

SHA SIGNATURE: _____

DATE: _____

SUPERVISOR NAME: _____

SPMP CATEGORY: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

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DATE	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	

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SHA SIGNATURE: _____

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DATE: _____