

PERSONAL ASSISTANCE ACTIVITY LOG

NAME: _____

MONTH/YEAR: _____

| DATE | START TIME | END TIME | TOTAL HRS | |
|----------------------------|------------|----------|-----------|----------------|
| | | | | Reason for PA: |
| ACTIVITY NOTES: | | | | |
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| Staff Signature and Title: | | | | |
| | | | | Reason for PA: |
| ACTIVITY NOTES: | | | | |
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| Staff Signature and Title: | | | | |
| | | | | Reason for PA: |
| ACTIVITY NOTES: | | | | |
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| Staff Signature and Title: | | | | |
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| Staff Signature and Title: | | | | |
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| Staff Signature and Title: | | | | |
| | | | | Reason for PA: |
| ACTIVITY NOTES: | | | | |
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| Staff Signature and Title: | | | | |

Record date, start time, end time, and total hours for each day. Activity notes should reflect services/supports provided, ISP outcomes addressed, any behavioral or medical needs addressed, and the person's reactions.