

6

Personal Care Assistant

Name _____ Position _____

School Year _____ Assigned Site _____

Statute
trng
rgmts

1. Are you currently 18 years of age?

Yes No

If you answered yes go on to #2.

If you answered No, you may not meet the criteria to be a personal care assistant.

How old are you? _____ What is your date of birth? _____

2. What languages do you speak?

English Spanish American Sign Language Other(s) _____

3. Do you use personal care assistant services yourself?

Yes No

If you answered yes, you do not meet the criteria to be a personal care assistant.

4. Have you ever been licensed or certified as, or gone to school to be a:

Nursing Assistant Home Health Aide LPN RN Other _____

5. To provide personal care assistant services, it is important that you have basic knowledge about certain items before you provide care to students. Please review the topics below and check them if you have had training on the topic listed. Include where you received the training or by whom and the approximate date of the training.

Training	Where/Who	When
• Basic first aid*	_____	____-____-____
• Vulnerable Adult Act*	_____	____-____-____
• Child maltreatment*	_____	____-____-____
• OSHA universal precautions*	_____	____-____-____
• Basic roles/responsibilities of PCA*	_____	____-____-____
• Lifts and transfers*	_____	____-____-____
• Emergency preparedness*	_____	____-____-____
• Positive behavior practices*	_____	____-____-____
• Consequences of/how to report fraud*	_____	____-____-____
• Completion of documentation forms*	_____	____-____-____
• Data privacy	_____	____-____-____
• Medication administration	_____	____-____-____
• Blood glucose monitoring	_____	____-____-____
• Taking vital signs	_____	____-____-____
• Use of ventilators	_____	____-____-____
• Taking vital signs	_____	____-____-____
• Other _____	_____	____-____-____
• Other _____	_____	____-____-____
• Other _____	_____	____-____-____

OK has

*Required by Minn. Stat. §256B.0659, Subd. 11(a)(8)

Signature of person named above _____ Date _____

Information reviewed and verified by _____ Date _____