## Personal Care Service Provider Training for Random Moment Time Study

You have been selected to participate in the Random Moment Time Study (RMTS) on behalf of your district.

- 1. You are responding to what you were doing for one precise minute in time.
- 2. If you do not see a response in the dropdown that applies, choose "other" and describe in the box what you were doing.
- 3. If a blue question mark icon appears at the end of an optional activity description, click on "?" to obtain additional information.
- 4. The person who will be reviewing your response will code the activity using uniform time study codes. This person has no idea of your job description, tasks you perform, or why you perform them, so provide clear, detailed information to adequately describe what you were doing.
- 5. Responses such as the following do not provide sufficient information and should be avoided:
  - A) "I was doing my job." B) "I was completing my job responsibilities." C)"I was completing this time study response."
  - Avoid the use of acronyms and instead spell out the definition, description, or title.
  - Do not provide client/student-specific names but state that you were with a student(s).
  - If you are traveling at the sampled time, please include a description of the activity you will be performing upon arrival or concluded prior to leaving.
  - If you were not working at the time of your moment, please indicate if it was paid or unpaid leave/time off.

**Direct Medical Services Include:** activities that require human intervention such as hands on assistance, supervision, or cueing of persons with disabilities and chronic conditions, to accomplish tasks that they would normally do for themselves if they did not have a disability or chronic medical condition; personal care services; specialized transportation services; psychological services; counseling services; occupational therapy and evaluation; physical therapy and evaluation; audiology and evaluation; speech therapy and evaluation; nursing services; and physician services.

## Examples of items that may be identified in an IEP:

- Total or partial physical assistance for a student with cerebral palsy;
- Assistance with eating, dressing, toileting (including diapering), and mobility for a student with muscular dystrophy;
- Prompting the student to complete the task for a student with attention deficit disorder;
- Monitoring and redirection for behavior that is socially offensive for a student with autism;
- Observing and intervention for behavior that has the potential to cause injury to the student and/or others for a student with a mood disorder;
- Monitoring for a student with epilepsy;
- Guiding student from location to location for a student with mental retardation;
- Medication administration for a student with diabetes; and
- Assessments to determine eligibility for Special Education services.

## Example Educational and Direct Medical Moments

Educational - A teacher is helping a student solve a math problem that they are having difficulty understanding.

Direct Medical - A PCSP is assisting a student solve a math problem by providing hand over hand assistance using a calculator.

Educational - A teacher is demonstrating sounding out words during a reading lesson.

Direct Medical - A Speech Therapist is working with a student on an articulation exercise.

Educational - A teacher in an inclusion class is teaching a Social Studies lesson.

Direct Medical - A teacher's aide is monitoring and cueing students in an inclusion class during a Social Studies lesson to stay seated.

I confirm that I have been trained on the above information to properly complete my sampled moment for the SHARS RMTS.

Name / Position:	Date:
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## Personal Care Service Provider (PCSP) Questions and Responses

- 1. Were you providing a Personal Care Service?
- 2. Who was with you?
- 3. What where you doing?

Ex. I was ordering food at a restaurant using a communication device. The student needed cueing to use the communication device and to wipe mouth during the meal.

- 4. Why were you performing this activity?
  - To provide a <u>direct medical</u> service as defined on a student's IEP
  - To provide a <u>direct medical</u> service NOT defined on a student's IEP
  - To provide an educational service as defined on a student's IEP
  - To provide an educational service NOT defined on a student's IEP
  - To determine a student's eligibility for services
    - » For a SHARS
    - » For all other services
  - To improve health services for the district's students
  - To provide or obtain information to or from a student's family
    - » Regarding SHARS
    - » Regarding all other service
    - » Regarding an evaluation/assessment for SHARS
    - » Regarding an evaluation/assessment for all other services
  - To assist student/family in applying for health benefits
  - To assist student/family in applying for other services
  - To upgrade professional skills through training
    - » Through medical/health related training
    - » Through educational training
  - To improve social/vocational/educational services for the district's students
  - To coordinate transportation
    - » To a SHARS
    - » To all other services
  - To provide or coordinate translation
    - » For a SHARS
    - » For all other services
  - To provide guidance counseling
  - If not working, indicate if it was paid or unpaid time off

