



QP SUPERVISION (VISIT)

Client Name: _____ Client Number: _____

Time in: _____ Time out: _____

ASSESSMENT:

PCA Present: Yes No PCA Name: _____

- Observation of: Personal Care Ambulation/Transfer TPR/BP ROM/Positioning Escort
 Meal Prep Linen Change Laundry Check-Ins Emergency Emotional Needs
 Med Reminders Med Administration Infection Control Techniques Charting, Reporting

Comments: _____

PCA/Client Rapport: _____

Client Comments: _____

PCA Follows Client's Care Plan: Yes No

Comments: _____

INTERVENTIONS:

Client Cares Skills Procedures Techniques Practices such as:

Oriented Reviewed Taught Demonstrated to PCA

PCA: Returned demonstration Verbalized understanding Other: _____

PLAN OF CARE UPDATE:

Client Care Plan Reviewed: Yes No Care Plan Update: Yes No

Services Appropriate: Yes No Services Changed: Yes No

List Changes/Updates: _____

Plan: Return for Supervisory Visit: _____
 Other: _____

SUPERVISORY NOTES:

QP Print Name: _____ QP Signature: _____ Date _____