



Arizona Autism United, Inc.  
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**Attendant Care Monthly Service Task List**

**CHILD NAME:** \_\_\_\_\_

**MONTH** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

INSTRUCTIONS: For each service task completed, place a check mark in the appropriate date boxes.

Day/Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Shower/ Bathing																															
Toileting																															
Grooming																															
Make Meals																															
Cleaning																															
Dressing																															
Make Bed																															
Nailcare																															
Other:																															

DDD Support Coordinator Name:  
 \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_