

Special Education Itinerant Teacher Services – Service Form

Student Name: _____	NYC ID#: _____	
Provider Name: _____	4410 SEIT Provider: _____	NYC Preschool Code: _____
Frequency: _____	Duration: _____	Group Size: _____
Language: _____		Location: _____

Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type (Direct/Indirect): _____	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type (Direct/Indirect): _____	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type (Direct/Indirect): _____	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type (Direct/Indirect): _____	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type (Direct/Indirect): _____	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type (Direct/Indirect): _____	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type (Direct/Indirect): _____	Location: _____	Group Size: _____	
Total Sessions: _____			

<p>I hereby certify that I have provided SEIT services on the dates for the duration indicated herein. I understand that when completed and filed, this form becomes a record of the Department of Education and that any material misrepresentation may subject me to criminal, civil and/or administrative action.</p> <p>_____</p> <p>Signature of Provider Date</p>	<p>By my signature I acknowledge that I have reviewed this SEIT services form and that, to the best of my knowledge, the sessions identified above as having occurred in the child care location were provided as indicated.</p> <p>_____</p> <p>Signature of Director/Designee of Child Care Location Date</p>	<p>By my signature I acknowledge that I have reviewed this SEIT services form and that, to the best of my knowledge, the sessions identified above as having occurred at a site other than the child care location were provided as indicated.</p> <p>_____</p> <p>Signature of Parent Date</p>
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