

## 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: _____

*Directions: Fill out one form per week. The relevant signature must attest to sessions occurring during the preceding week.*

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: _____	
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>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____ Signature of Provider</p> </div> <div style="width: 35%;"> <p>_____ Date</p> </div> </div>	<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> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____ Name of Child Care Location</p> </div> <div style="width: 35%;"> <p>_____ Phone Number</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____ Name of Director/Designee Of Child Care Location</p> </div> <div style="width: 35%;"> <p>_____ Title</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____ Signature of Director/Designee of Child Care Location</p> </div> <div style="width: 35%;"> <p>_____ Date</p> </div> </div>	<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>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____ Signature of Parent</p> </div> <div style="width: 35%;"> <p>_____ Date</p> </div> </div>
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