



CPSE Absentee Notification Note

Please fill out this form for the non-delivery of a SEIT Service session.
(Please note: This form **MUST** be completed for each day the child misses services).
One form required for consecutive missed absences.

Today's Date: _____

Name of Child: _____

Name of Provider: _____

Date(s) of Absence: _____
(Please contact office immediately if more than 3 consecutive absences)

The child did not receive services due to: *(Please check one)*

- Child illness**
 - Child's doctor appointment**
 - Parent's cancellation**
 - Snow Day** (NYC district must be closed to put snow day confirmation from office needed)
 - Provider's personal cancellation** (office needs to be notified)

 - Other** _____
(reason needs to be filled in-unknown not accepted)
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Provider: _____
(Print Name) *(Signature)*

Parent/School Authority: _____
(Print Name)

(Signature)