

## Special Education Itinerant Teacher Services – Service Form

Student Name: Ethar Little NYC ID#: 235091170  
 Provider Name: Michelle Lynn 4410 SEIT Provider: Achieve Beyond NYC Preschool Code: C078  
 Frequency: 5 Duration: 120 Group Size: 1 Language: English Location: School

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

Date: <u>10/2/17</u>	Start Time: <u>9:00 AM</u>	End Time: <u>11:00 AM</u>	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: Direct</u>	Location: <u>School</u>	Group Size: <u>1</u>	
Date: <u>10/3/17</u>	Start Time: <u>9:00 AM</u>	End Time: <u>11:00 AM</u>	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: Direct</u>	Location: <u>School</u>	Group Size: <u>1</u>	
Date: <u>10/4/17</u>	Start Time: <u>9:30 AM</u>	End Time: <u>11:30 AM</u>	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: Direct</u>	Location: <u>School</u>	Group Size: <u>1</u>	
Date: <u>10/5/17</u>	Start Time: <u>9:30 AM</u>	End Time: <u>11:30 AM</u>	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: Direct</u>	Location: <u>School</u>	Group Size: <u>1</u>	
Date: <u>10/6/17</u>	Start Time: <u>9:00 AM</u>	End Time: <u>11:00 AM</u>	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: Direct</u>	Location: <u>School</u>	Group Size: <u>1</u>	
Date: <u>10/6/17</u>	Start Time: <u>11:01 AM</u>	End Time: <u>1:01 PM</u>	If make-up, date of missed session: <u>9/29/17</u>
Type: <u>Direct/Indirect: Direct</u>	Location: <u>School</u>	Group Size: <u>1</u>	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: _____</u>	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: _____</u>	Location: _____	Group Size: _____	
Date: _____	Start Time: _____	End Time: _____	If make-up, date of missed session: _____
Type: <u>Direct/Indirect: _____</u>	Location: _____	Group Size: _____	
Total Sessions: <u>6</u>			

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.

Signature of Provider: Michelle Lynn Date: 10/6/17

Print Provider Name: Michelle Lynn Date: 10/6/17

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.

Name of Child Care Location: Little Treasures (555-860-0110) Phone Number: \_\_\_\_\_

Print Name of Director/Designee Title: Mary Smith / Head Teacher

Signature of Director/Designee of Child Care Location: M. Smith Date: 10/6/17

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.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_