Rev 8/15

ACHIEVE BEYOND
Pediatric Therapy & Autism Services

# 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)**

_____

**Provider:** _____ _____
*(Print Name)* *(Signature)*

**Parent/School Authority:** _____
*(Print Name)*

_____
*(Signature)*