Schenectady County Children with Special Needs Program

STICTADY CO.	Schenectady County Public Health Services
	Public Health Services

Child's Name:	
DOB:	
Month / Year:	

Agency:			
	Visit Type:	D=	# of Direct 1/2 hours each day
		I =	# of Indirect 1/2 hours each day

A = Absent on scheduled day

Please indicate an "A" within the daily box

MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY	
Method: I or G	D	ı	Method: I or G	D	ī	Method: I or G	D	Т	Method: I or G	D		Method: I or G	D
<u></u>		•			-			•					
Start Time:			Start Time:			Start Time:			Start Time:			Start Time:	
End Time:			End Time: Parent/Caregiver Signature			End Time:			End Time: Parent/Caregiver Signature			End Time: Parent/Caregiver Signature	
Parent/Caregiver Signature			raieni/Caregiver Signature			Parent/Caregiver Signature			Pareniv Caregiver Signature			Faleni/Calegiver Signature	
Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D
Start Time:			Start Time:			Start Time:			Start Time:		Ş	Start Time:	
End Time:			End Time:			End Time:			End Time:			End Time:	
Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature		F	Parent/Caregiver Signature	
Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D	1	Method: I or G	D
Start Time:			Start Time:			Start Time:			Start Time:		9	Start Time:	
End Time:			End Time:			End Time:			End Time:			End Time:	
Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature	<u> </u>		Parent/Caregiver Signature	
Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D	ı	Method: I or G	D
Start Time:			Start Time:			Start Time:			Start Time:		5	Start Time:	
End Time:			End Time:			End Time:			End Time:			End Time:	
Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature	<u> </u>
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Method: I or G	D	ı	Method: I or G	D	I	Method: I or G	D	ı	Method: I or G	D		Method: I or G	D
Start Time:			Start Time:			Start Time:			Start Time:		5	Start Time:	
End Time:			End Time:			End Time:			End Time:			End Time:	
Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature			Parent/Caregiver Signature		F	Parent/Caregiver Signature	
*I/We certify that on the dates at	nove th	e aho	ve named child received the service	es note	d and	that documentation exists and is mai	ntained	d on f					
•	,					_aws and Regulations governing the							
SEIS Teacher Signature:						Make up Visits:							
Program Director Signature:													
										_			_
									Units Delivered	x	Rat	te = Total	