

ORANGE COUNTY PRESCHOOL SEIT ATTENDANCE & BILLING FORM

Agency:	Freq & Duration Per IEP
Therapist:	
Child:	
D/O/B:	
District:	
IEP Dates	
First Date of Service	Total Hrs/Wk
Month of Service	Total Sess/Wk

Total # of Sessions
(To be completed by the County)

Direct/Indirect SEIT Services=100% IEP hours/Billable Times
 Direct SEIT: Individual/Group Instruction
 Indirect SEIT: Consultation with the Child's teacher

Date of Svc	Authorized Signature	Location Service Provided/ Time of Session			# Direct/ Indirect Svc Hrs	Length of Session Missed	Reason Missed Code	Make-up Hrs
		Home	Day Care	Preschool				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
		Total # Direct/Indirect Hrs			Total # 1/2 hr Sess			

The signatures above/below attest to the fact that the dates and times above are that actual dates and times of service delivery/make-up.

Required Functions=Non-billable Time, additional 28-34% of Total IEP hours

Includes Coordination of Services, Parent Conferencing, Preparation/Attendance @ CPSE Migs, Classroom Observation, Travel for Required Functions

Total Time Spent on Required Functions _____

SEIT Signature	Date	Max Sess	SEIT Rate \$	Total Amts
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Reason Missed Codes: Use P for Parent Cancel and T for Therapist Cancel followed by one of the following:

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|--------------------|------------------------------------|------------------------------------|----------------------------|---------------------|--------------------------|
| A- Illness | C- Not Available for Assigned Time | E- Impassable Roads/Weather | G- Illness/Death in Family | K- Meeting/Training | M- Winter/Spring Recess |
| B- Visit Shortened | D- No Show | F- Attendance at MD, Hospital, etc | H- Holiday | L- Vacation | N- School/Daycare Closed |