



**Verification of Absence and Make-up Session**

Absence of: Special Education Itinerant Teacher (SEIT)/Related Service Therapist/Child

SEIT Agency/Related Service Provider: All About Kids

SEIT Teacher/Related Service Therapist: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB \_\_\_\_\_ District# \_\_\_\_\_

Provider's Absence [ ] or Child Absence [ ]

Date (s) of Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

# of approved minutes per session: \_\_\_\_\_ Location of Service: \_\_\_\_\_

Make-up Session Offered: [ ] Yes [ ] No Date of Make-up Session (if given): \_\_\_\_\_

Make-up Session Declined By Parent: [ ] Yes [ ] **No**

Reason Session not being made up \_\_\_\_\_

Signature of SEIT/Related Service Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Caregiver/Teacher or Designee \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Caregiver/Teacher or Designee \_\_\_\_\_

**Instructions:**

*An attempt should be made by the SEIT to reschedule missed sessions due to SEIT's absence if his/her schedule permits and the parent(s) agree to reschedule. The SEIT must attempt to inform the parent and this agency at least twenty-four hours in advance if the SEIT is going to be absent. The agency should then ensure that the parent is made aware of the absence of the SEIT. If the agency has another SEIT available, this may enable the agency to schedule a substitute SEIT for the session.*

*A copy of this form must be completed in cases of teacher/therapist/child absence and submitted with associated vouchers.*