



Mid Island Therapy Associates is
ALL ABOUT KIDS™
Evaluations & Therapy Services

PUTNAM COUNTY
EARLY INTERVENTION AND PRESCHOOL PROGRAMS

PARENTAL PERMISSION FOR SIGN-OFF
ON THERAPIST LOG NOTES

I authorizeto sign off on log notes for my
(Name of Childcare Provider)

child,prepared by:
(Child's Name)

.....
(Name of Therapist)

.....
Parent Signature

.....
Date