



# ALL ABOUT KIDS™

Evaluations & Therapy Services For All Children

[www.allaboutkidsny.com](http://www.allaboutkidsny.com)

School Age Verification of Missed Session form-revised 8/2015

Student's Name: \_\_\_\_\_ District Name: \_\_\_\_\_  
Therapist's Name \_\_\_\_\_ Service Type: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s) of missed session

Reason for Absence (check one reason per missed session date)

- |                 |  |   |                                  |  |
|-----------------|--|---|----------------------------------|--|
| 1. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 2. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 3. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 4. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 5. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 6. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 7. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 8. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 9. ___/___/___  | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 10. ___/___/___ | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 11. ___/___/___ | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 12. ___/___/___ | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 13. ___/___/___ | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 14. ___/___/___ | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |
| 15. ___/___/___ | <input type="checkbox"/> Student absence | <input type="checkbox"/> Provider absence | <input type="checkbox"/> Holiday | <input type="checkbox"/> School closed |

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name of Parent/Verifying witness: \_\_\_\_\_

Signature of Parent/Verifying witness: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please note:

- There should be no lapse in dates on the treatment forms.
- Missed sessions must be entered on the treatment log with the reason such as "student sick", "Therapist absence", etc.
- Your billing will be returned if the missed session(s) are not accounted for on the treatment forms.
- Both signatures are required on ALL session notes and missed session form.