

**Notification of Provision for Start of Mandated SEIS &/Or Related Services**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**FROM:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(COORDINATOR OF SERVICES-TYPE NAME)

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DISTRICT**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IEP AUTHORIZED START DATE FOR SEIT &/OR RELATED SERVICES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the above child’s Coordinator of Services, I have contacted the parent/guardian who has reported the current status for the mandated related services for their child:

|  |  |  |  |
| --- | --- | --- | --- |
| □ Speech | □ OT | □ PT | □ Other \_\_\_\_\_\_\_ |
| □ has started  Date\_\_\_\_\_ | □ has started  Date\_\_\_\_\_ | □ has started  Date \_\_\_\_ | □ has started  Date \_\_\_\_ |
| □ has not started | □ has not started | □ has not started | □ has not started |

Reason for not starting as per parent, for each service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IEP START DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST ATTEND DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Attend Date (FAD) Is After the IEP Start Date, Please Provide Reason:**

□ \*Preschool Start Date Was Later Than Child’s IEP Start Date Preschool Start Date: \_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Make-ups are not required for gap of service as notified above.
* SEIT is required to sign and submit this form to their home base All About Kids’ office upon completion via secure email.
* SEIT must document submission of this form to All About Kids in their Monthly Coordination of Services (RELCOOR) Documentation in EnterClaims.

**SEIT/Coordinator of Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

 Print Name Signature Date

**FOR AAK OFFICE USE ONLY:** This form must be submitted to Child’s CPSE by AAK via encrypted email or fax if Related Services have not started & must be placed in child’s chart with proof of successful transmission (i.e., encrypted e-mail delivery receipt).

Submitted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 5-25-17, 12-14-17, 2-13-19, 8-4-22