

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

Child Name: DOB: District:

SEIT Teacher/Related Service Therapist:

Absence of:

[ ] Special Education Itinerant Teacher (SEIT)

[ ] Related Service Therapist

[ ] Child

Date(s) of Absence:

Reason for Absence:

Duration of Missed 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 if Session is not being made-up:

Signature of SEIS/Related Service Provider: Date:

Printed Name of Authorized Parent/Caregiver/Teacher:

Signature of Authorized Parent/Caregiver/Teacher: Date:

**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 AAK at least twenty-four hours in advance if the SEIT is going to be absent. The agency may also notify the parent of absence when needed. If the agency has another SEIT available, this may enable the agency to schedule a substitute SEIT for the session. SEIT to document if a parent accepts or declines offered substitute.**

***A copy of this form must be completed in cases of teacher/therapist/child absence and submitted to AAK.***

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