



Schenectady County Public Health Services

Children with Special Needs
107 Nott Terrace, Suite 306
Schenectady, New York 12308-3170
Phone: (518) 386-2815
Fax: (518) 386-2801

Form is to be used to communicate all staff changes, terminations, leave of absences, or excessive absences. The form is due within 5 days of change.

Keith M. Brown, MPH
Interim Public Health Director

Tricia Kandefer, M.S.Ed.
Director of Children with Special Needs

PROVIDER NOTIFICATION FORM

_____ Agency Name _____ Service Provider Name _____

Please select one: EI services only CPSE services only Both EI and CPSE services

Check all that apply: Centerbased Classroom SEIS Related Services

Therapist/Staff Changes (circle one): New Staff No longer employed

Therapist Name: _____

Discipline: _____

Effective date: _____

Reason for Excessive Therapist/Teacher Absences: (beyond 5 consecutive missed visits is considered excessive)

Plan for Coverage/Make-ups: [The make-up session must be completed within 30 calendar days of the missed session and within the same school year/IEP period.]

Agency Shut-Down Time that differs from School Calendar: _____

When and how was this information communicated to families? _____

Other: _____

_____ Name of Person Completing this Form

_____ Date