



|               |  |
|---------------|--|
| Child's Name: |  |
| DOB:          |  |
| Month / Year: |  |

|             |  |
|-------------|--|
| Agency:     |  |
| Visit Type: | D = # of Direct 1/2 hours each day<br>I = # of Indirect 1/2 hours each day |

A = Absent on scheduled day  
Please indicate an "A" within the daily box

INDICATE EACH DAY OF SERVICE IN THE BOX USING ACCURATE CALENDAR FORMAT

| MONDAY                     |     | TUESDAY                    |     | WEDNESDAY                  |     | THURSDAY                   |     | FRIDAY                     |     |
|----------------------------|-----|----------------------------|-----|----------------------------|-----|----------------------------|-----|----------------------------|-----|
| Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I |
| Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     |
| End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     |
| Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     |
| Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I |
| Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     |
| End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     |
| Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     |
| Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I |
| Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     |
| End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     |
| Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     |
| Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I |
| Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     |
| End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     |
| Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     |
| Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I | Method: I or G             | D I |
| Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     | Start Time: _____          |     |
| End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     | End Time: _____            |     |
| Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     | Parent/Caregiver Signature |     |

\*I/We certify that on the dates above, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant Federal, State and Local Laws and Regulations governing the Medicaid process.

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|-----------------------------|
| SEIS Teacher Signature:     |
| Program Director Signature: |

|                 |
|-----------------|
| Make up Visits: |
|-----------------|

\_\_\_\_\_ x \_\_\_\_\_ = Total  
Units Delivered x Rate = Total