 **Parent Verification Form**

Date:\_\_\_\_/\_\_\_/\_\_\_\_\_\_

Re: **Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EI**# \_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am confirming that my child above received:

 *(Parent’s Name)*

ST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Therapist’s Name Therapist’s Name Therapist’s Name*

Special Instruction/ABA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nutrition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Therapist’s Name Therapist’s Name Therapist’s Name*

EI\_\_\_ services on the dates listed below as per IFSP mandate of 30 \_\_\_60\_\_\_ minutes.

**Date: Time: From - To Location: (circle one)\_\_\_\_\_\_Method: In-Person/ Teletherapy**

\_\_\_\_\_\_ \_\_\_\_\_\_\_am/pm \_\_\_\_\_\_am/pm Home/Day Care/Facility In-Person/Teletherapy

\_\_\_\_\_\_ \_\_\_\_\_\_\_am/pm \_\_\_\_\_\_am/pm Home/Day Care/Facility In-Person/Teletherapy

\_\_\_\_\_\_ \_\_\_\_\_\_\_am/pm \_\_\_\_\_\_am/pm Home/Day Care/Facility In-Person/Teletherapy

\_\_\_\_\_\_ \_\_\_\_\_\_\_am/pm \_\_\_\_\_\_am/pm Home/Day Care/Facility In-Person/Teletherapy

\_\_\_\_\_\_ \_\_\_\_\_\_\_am/pm \_\_\_\_\_\_am/pm Home/Day Care/Facility In-Person/Teletherapy

\_\_\_\_\_\_ \_\_\_\_\_\_\_am/pm \_\_\_\_\_\_am/pm Home/Day Care/Facility In-Person/Teletherapy

***I am verifying that all the above-listed information is correct and to the best of my knowledge and all signatures were contemporaneously made at the end of each session.***

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_mother/father/other:\_\_\_\_\_\_\_\_\_

*Parent’s (Legal Guardian’s) Name Parent’s Signature Title*