**Early Intervention Weekly Confirmation of Services**

**Instructions:**  This form must be completed by the teacher/therapist.  All fields are required; providers may add more fields if needed. All information must be completed and must match the appropriate fields on accompanying electronic session notes.  Typed signatures are not acceptable.  This form, along with the corresponding session notes, must be kept in the child’s file.

|  |  |  |
| --- | --- | --- |
| **Child’s Name:** | **DOB:** | **NYEIS/EI#:** |
| **Service Type Delivered (One SA # Per Sheet):** | **NYEIS Service Authorization #:** |
| **Teacher/Therapist Name:** | **Teacher/Therapist Discipline:**  | **NPI#:** |
| **Agency Name: O’Brien Speech Language and Learning PLLC** | **Frequency: Intensity:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Service** | **Start Time** | **End Time** | **CPT Code** | **Signature of Parent/Guardian** **Verifying That Service Was Delivered** | **Date Signed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |