

**PRESCHOOL SPECIAL EDUCATION PROGRAM**

**SPECIAL EDUCATION  
ITINERANT TEACHER MANUAL**

**2014**

**Suffolk County Department of Health Services  
Division of Services for Children with Special Needs**



**Steve Bellone  
Suffolk County Executive**

**James Tomarken, MD,  
MSW, MPH, MBA  
Commissioner of Health Services**

**Ellen Ellis  
Director**

**George Heintz  
Coordinator of Preschool Services**



# TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>4</b>
<b>SPECIAL EDUCATION ITINERANT TEACHER.....</b>	<b>5</b>
<b>SERVICE LOCATION .....</b>	<b>6</b>
<b>SERVICE FREQUENCY AND DURATION.....</b>	<b>7</b>
<b>CALENDAR .....</b>	<b>8</b>
<b>LOG NOTES.....</b>	<b>9</b>
<b>ABSENCES AND MAKE-UP SESSIONS .....</b>	<b>10</b>
<b>REPORTS and TIME LOGS .....</b>	<b>12</b>
<i>Quarterly &amp; Annual Progress Reports:.....</i>	<i>12</i>
<i>Time Logs:.....</i>	<i>12</i>
<b>STUDENT RECORDS.....</b>	<b>13</b>
<b>SEIT AS COORDINATOR OF SERVICES.....</b>	<b>14</b>
<b>FUNCTIONAL BEHAVIORAL ASSESSMENT .....</b>	<b>16</b>
<b>BEHAVIORAL INTERVENTION PLAN .....</b>	<b>18</b>
<b>CERTIFICATION TERMINATION:.....</b>	<b>19</b>
<b>BILLING AND PAYMENT .....</b>	<b>20</b>
<b>EXHIBITS .....</b>	<b>21</b>
<i>Exhibit 1 Request for CPSE Meeting.....</i>	<i>22</i>
<i>Exhibit 2a Record of SEIT Service Log Notes.....</i>	<i>23</i>
<i>Exhibit 2b Instructions for Completing "Record of SEIT Services Log Notes".....</i>	<i>24</i>
<i>Exhibit 3 Notification of Extended Non-delivery of SEIT Services.....</i>	<i>25</i>
<i>Exhibit 4 Verification of Absence and Make-up Session.....</i>	<i>26</i>
<i>Exhibit 5 Parent/Guardian Consent for Alternate Verification Signature.....</i>	<i>27</i>
<i>Exhibit 6 Quarterly Progress Report.....</i>	<i>28</i>
<i>Exhibit 7 Annual Review Progress Report.....</i>	<i>29</i>
<i>Exhibit 8 SEIT Time Log.....</i>	<i>30</i>
<i>Exhibit 9 Record of Student File Access.....</i>	<i>31</i>
<i>Exhibit 10 Sample Suffolk County Standard Voucher.....</i>	<i>32</i>
<i>Exhibit 11 Instructions for Completion of the Standard.....</i>	<i>33</i>
<b>ACKNOWLEDGEMENTS.....</b>	<b>S34</b>

# **INTRODUCTION**

This manual was created in collaboration with the Nassau County Department of Health and the New York State Education Department Regional Office of VESID. It is a guidance document developed for providers of Special Education Itinerant Teacher (SEIT) services to preschool children with disabilities living in Suffolk County. It is designed as a supplement to New York State Education Laws and Regulations and is not intended to replace them.

Accordingly, all providers of SEIT services are responsible for ensuring that they are thoroughly familiar with the Regulations of the Commissioner of Education which are available at: [www.nysed.gov/specialed/publications/lawsandregs/200contents](http://www.nysed.gov/specialed/publications/lawsandregs/200contents)

Providers of SEIT services must also be familiar with all New York State guidance documents, including periodic updates pertaining to educational programs for preschool students with disabilities. These are available at: [www.nysed.gov/specialed/publications](http://www.nysed.gov/specialed/publications)

The purpose of this manual is to clarify the policies and procedures to be followed by providers of SEIT services in Suffolk County and details how County billing vouchers are to be submitted.

The attached Appendix contains the required forms to be used by all providers of SEIT services in Suffolk County.

# **SPECIAL EDUCATION ITINERANT TEACHER**

**Special Education Itinerant Teacher (SEIT)** services are defined in Section 4410 (l)(k) of New York State Education Law and Section 200.16 of the Regulations of the New York State Commissioner of Education to mean services provided by a NYS appropriately certified special education teacher of an approved program on an itinerant basis to a preschool student with a disability.

SEIT services are an educational service alternative to providing special education in a center-based program and are provided by an appropriately certified special education teacher.

SEIT services can be provided by means of:

- **Direct Services** specially designed individual or group instruction provided directly to the child, and/or
- **Indirect Services** that provides consultation to the child's typical classroom teacher to adjust the environment and/or modifying the methodology, materials, or whatever is necessary in order to meet the needs of the preschooler with a disability who attends a typical early childhood program.

NOTE: Additional information on determining the need for this service can be found in the NYSED/VESID *Guide for Determining Eligibility and Special Education Programs and or Services for Preschool Students with Disabilities* available on the NYSED - web site.

## **SERVICE LOCATION**

The service location is a site determined by the school district Committee on Preschool Special Education (CPSE) and is specified and written in the Individual Education Program (IEP).

In keeping with the New York State Department of Education (NYSED) policy regarding least restrictive environments (LRE), the CPSE must first consider service delivery sites where the child can learn close to home with other children of the same age who do not have disabilities.

Such sites may include, but are not limited to, an approved licensed pre-kindergarten or head-start program; the student's home; a hospital; a State facility; or a child care location.

The service location is written on the IEP and cannot be changed without a CPSE meeting or written agreement from the parent and CPSE.

## **SERVICE FREQUENCY AND DURATION**

The NYSED mandates that SEIT services are to be provided for a minimum of two (2) hours per week.

If the school district CPSE has not met this mandated minimum of 2 hours per week, it is the responsibility of the SEIT and the agency to notify the school district to make the necessary changes. The CPSE can either obtain a written agreement from the parent to amend the IEP to meet the mandate or can reconvene to amend the IEP. Until the IEP is amended, no SEIT services should be provided.

Once the appropriate frequency and duration is determined by the CPSE and written on the IEP, it cannot be arbitrarily changed (increased or decreased) by any agency or by the parent without a notification to the CPSE. There must be a written agreement letter between the parent and the CPSE and the IEP must be amended. The CPSE may reconvene to determine if the requested change is appropriate and may or may not amend the child's IEP.

A "Request for CPSE Meeting" form (Exhibit 1) must be completed when the SEIT would like the CPSE to reconvene.

## **CALENDAR**

At the child's CPSE meeting, it is determined whether the child's services should follow the school district calendar or a provider calendar. The school district may determine that the child with multiple providers may follow multiple calendars. The calendar determination should be written on the child's IEP. If the calendar is not specified, the agency should clarify the treatment dates with the school district.

- If the IEP follows the school calendar, a copy of that calendar should be requested by the SEIT provider.
- Services may not be scheduled or made-up on weekends or legal holidays. Make-up sessions may be scheduled on Election Day, Washington's Birthday or Lincoln's Birthday per NYS Education Law Section 3604(8).
- Services may be provided on Superintendent's conference days since they count as one of the 180 mandated days of service.
- If a school district closes due to inclement weather conditions or other emergency, the SEIT should verify their agency's policy on whether to provide service that day or to schedule a make-up session.

## **LOG NOTES**

After each session, the SEIT should complete the "Record of SEIT Services Log Notes" form (Exhibit 2a). Instructions for the completion of this form are attached as Exhibit 2b.

There should be no lapse in dates on the log notes. Missed sessions must be entered on the log note with the explanation such as "child sick", "SEIT sick", "family on vacation", etc. (**NOTE:** If the child misses five (5) consecutive sessions, the SEIT should also complete the "Notification of Extended Non-Delivery of Service" form (Exhibit 3) and list the reason for the absence as noted in the section of this manual entitled Absences and Make-up Sessions.)

Once the Log Note for each session is completed, the parent/caregiver must sign and date the note on the lines provided. Parents/caregivers must be reminded not to sign blank log notes.

If the parent wishes to permit a caregiver to sign the log notes, the parent must complete a "Parent/Guardian Consent for Alternate Verification Signature" form (Exhibit 4)

Completed and signed log notes should be submitted to your agency. Agencies must attach these log notes to the billing voucher and submit to Suffolk County. These notes also satisfy the regulatory requirements for both the documentation of the provision of services and for the maintenance of attendance registers. (See the NYSED Memorandum dated July 2007 available at NYSED Website)

## **ABSENCES AND MAKE-UP SESSIONS**

### **Student Absences:**

When sessions are missed due to a child's absence, the log note must indicate the explanation for the child's absence and be signed by the parent or their designee. The SEIT is required to make-up the missed session unless the parent objects. A "Verification of Absence and Make-up Sessions" form must be completed in cases of student absence (Exhibit 4) and submitted with associated vouchers. (See section below regarding make-up sessions.) If the child misses 5 consecutive sessions, a "Notification of Extended Non-Delivery of SEIT Service" form (Exhibit 3) must be completed and sent to the school district and the County. If a child is habitually missing sessions, the SEIT should immediately notify the school district. The school district may choose to reconvene the CPSE to consider amending the child's services. (See NYSED Memorandum dated July 2007 available at:

[www.oms.nysed.gov/rsu/Announcements/SEITrelsvsAudit3.pdf](http://www.oms.nysed.gov/rsu/Announcements/SEITrelsvsAudit3.pdf)

### **Teacher Absence:**

When sessions are missed due to a SEIT's absence, a "Verification of Absence and Make-up Sessions" form must be completed (Exhibit 4) and submitted with associated vouchers. An attempt must be made by the SEIT to reschedule the missed sessions if as long as the child's schedule permits and the parent(s) agree to reschedule. (See section below regarding make-up sessions.) If at all possible, the SEIT must inform the parent and/or their agency at least twenty-four hours in advance if the SEIT is going to be absent. The agency should then ensure that the parent is made aware of the absence of the SEIT. If the agency has another SEIT available, this may enable the agency to schedule a substitute SEIT for the session.

### **Prolonged Teacher Absence:**

In the case of a prolonged teacher absence (more than five (5) consecutive sessions), SEITs must notify their agency in advance of impending extended absence so that a qualified replacement teacher can be assigned to the child in a timely fashion.

The agency will inform the parent, and notify the County and the school district regarding the need to replace a SEIT and produce a timeline for that replacement by submitting a completed "Notification of Extended Non-Delivery of SEIT Service" form (Exhibit 3).

If the SEIT cannot be replaced within the timeline established, then the agency must notify the parent, the school district and the County. If the SEIT is replaced, the agency must notify the parent, the school district and the County by phone.

## **Make-up Sessions:**

Make-up sessions cannot be performed prior to the missed session. The SEIT can make up the sessions any time within the IEP period after it is missed. Parents must accept the make-up session or refuse the session. Each make-up session should be documented as such in the log notes signed by the parent or caregiver as well as on the "Verification of Absence and Make-up Session" form (Exhibit 4) whether the parent accepts or refuses the make-up session.

The make-up session may be done on a day the child has already or will be receiving SEIT service. However, make-up sessions should be scheduled within the timeframe of a typical school day.

Make-up sessions must be done in their entirety as long as it is within the IEP Service Period.

Again, Make-ups are required, unless the parent refuses, regardless of the SEIT's schedule.

A substitute SEIT may be used if necessary.

# **REPORTS and TIME LOGS**

## **Quarterly & Annual Progress Reports:**

Unlike log notes, quarterly reports (including annual reports) are completed every 3 months and submitted to your agency using the "SEIT Service Quarterly Progress Report" or "SEIT Service Annual Review Progress Report" forms (Exhibits 6 and 7) as appropriate. Annual review reports are due 5 working days before the CPSE meeting. Quarterly Reports may be completed on IEP Direct or on the County Form but it is not necessary to do both. Annual Reports may be done on IEP Direct as long as you meet the contractual requirement for assessment or you can use the County Form.

The agency must send copies of the quarterly report to the School District, the coordinator of services, the parents and, upon request, to the County. The Annual Report is due to all parties mentioned above.

The report should reflect the following:

- current functioning level of the child;
- the IEP goals;
- the progress the child has made toward achieving the goals;
- information related to continued eligibility of the child including formal and/or informal testing; and
- recommendations

Note: Recommendations for discharging a child, the annual report and a final note on a transitioning/exiting child require formal testing.

## **Time Logs:**

In addition to the Quarterly and Annual Reports described in the above section, the SEIT is also required to maintain a log of the time spent on required functions. (See NYSED Memorandum dated July 2007.

Such functions include but are not limited to:

- Coordination of services (when the SEIT is designated on the IEP by the CPSE);
- Preparation for and attendance at CPSE meetings;
- Conferencing with the student's parents; <sup>1</sup>
- Conferencing with other service providers;
- Classroom observation; and/or
- Travel for the express purpose of the above stated functions

See the suggested format as noted in the "SEIT Time Log" form (Exhibit 8). This form is required of SEIT providers operating under Suffolk County 4410 approval.

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<sup>1</sup> Parent conferencing may include parent education for the purpose of enabling parents to perform appropriate follow-up activities at home as described in the section of this manual entitled SEIT as Coordinator of Services.  
SEIT Manual – 2014

## **STUDENT RECORDS**

The SEIT provider agency must maintain a primary file for each child. The child's records are confidential and must be kept in a locked file. Records must be maintained in accordance with NYSED's Record Retention and Disposition Schedule ED-1 as revised in 2004.

The SEIT must keep a record of all parties obtaining access to the child's file on a "Record of Student File Access" form (Exhibit 9). This form which must be kept in the child's file, should include the name of the person who accessed the file, the date access was given, and the purpose for which the person was authorized to access the file.

The child's file must contain a complete and current record of the services to that child and shall include, at minimum, the following:

- Child information (name, date of birth, sex, etc.)
- A copy of the child's IEP
- "Quarterly and Annual Progress Reports (Exhibits 6 and 7)
- "Record of SEIT Service Log Notes" forms (Exhibit 2a)
- "Notification of Extended Non-delivery of Service" forms (Exhibit 3)
- "Record of Student File Access" form (Exhibit 9)
- Signed "Parental Consent for Release of Educational Information for Medicaid Funding" form (Exhibit 10)

## **SEIT AS COORDINATOR OF SERVICES**

A coordinator of services is required whenever a child's IEP contains a recommendation for two or more services. If the child's IEP includes SEIT services and one or more related services, the child's SEIT is always the Coordinator of Services (Section 200.16 of the Regulations of the Commissioner of Education). This designation is made at the CPSE and should be written on the IEP. This is particularly important when the child has more than one SEIT provider. If the child is in a center-based program and receives SEIT services, the CPSE may or may not designate the SEIT to serve as the coordinator of services.

As the designated Coordinator of Services, the SEIT will perform appropriate coordination activities including, but not limited to, the following Non-Billable activities:

- Reviewing the schedule for all service delivery, offering recommendations and consulting with all providers to resolve scheduling issues when necessary.
- Meeting with related service providers at appropriate intervals as designated by the CPSE and written in the child's IEP for the purpose of:
  - Sharing information;
  - Discussing goals, progress, and recommendations; and
  - Insuring appropriate coordination of services.
- Meeting with parent/guardian to discuss the child's goals and objectives, plans for achieving goals, and progress to-date. The Coordinator also serves as a liaison between parents, other therapists, the County and the CPSE.
- Gathering progress reports and anecdotal information relating to the student's progress from the related service providers assigned to the child. This will ensure that the coordinator has a general knowledge of the child's progress as well as any recommendations or considerations in each related service area in order to be able to present the information from the other therapists at CPSE meetings.
- Conducting activities such as telephone conferences or other communication practices with the school district, parents, related service providers, the center-based program and/or other caregivers where appropriate.
- Attending all meetings requested by the school district, center-base program, parent and other therapists as the coordinator, in person, if possible, or by phone.
- Establishing and overseeing a communication book with parental consent, which will allow the SEIT and other professionals to share information and build on effective techniques and activities. This book will also allow for the sharing of information with parents and the typical classroom personnel, thereby facilitating carry over.

- Communicating with related service providers and/or the designated center-based team to review activities, goals, progress and to communicate on the coordination of methodology and activities in a collaborative manner. This collaboration should lend itself to a discussion of the child's current level of functioning and to the appropriate approach to learning in order to meet the IEP goals.
- Demonstrating the appropriate activities to the family so that they may carry over the activities when the SEIT is not present. The SEIT must observe the progress and the ability of the parent(s) to follow through with the activities that have been demonstrated. The SEIT should recommend appropriate changes in activities and technique when the family is having difficulty or the method is ineffective. This may be accomplished during and is part of the SEIT session.

SEIT providers must maintain adequate records to document direct and/or indirect service hours provided as well as time spent on all other activities related to each student served. (See Section 200.9(f)(2)(ix)(c) of the Regulations of the Commissioner of Education.)

**NOTE: There is no additional funding for, nor is any part of the coordination of the child's services billable.**

# **FUNCTIONAL BEHAVIORAL ASSESSMENT**

While developing an IEP for a child with disabilities whose behavior impedes his or her learning or that of others, a **Functional Behavioral Assessment (FBA)** may be district approved as part of an initial evaluation of a child or may be completed by the child's SEIT as part of that child's ongoing services with notification sent to the district. Any behavior intervention plan that may arise from the FBA must be discussed with the district and parent and authorized in the IEP.

Functional Behavioral Assessment is defined in Section 200.1(r) of the Regulations of the Commissioner of Education as the process of determining why a student engages in behaviors that impede learning and how the student's behavior is related to the environment. The FBA is a component of the multi-disciplinary evaluation process and should be integrated throughout the process of developing the IEP.

While formulating the IEP, the CPSE should consider strategies including positive behavioral interventions and supports to address interfering behaviors.

Consistent with the requirements in section 200.22(a) of the Regulations of the Commissioner of Education, the FBA must include, but is not limited to:

- identification of the problem behavior;
- definition of the behavior in concrete terms
- identification of the factors that contribute to the behavior (including cognitive and affective factors); and
- formulation of a hypothesis regarding the general conditions under which a behavior occurs and probable consequences that serve to maintain it.

The FBA must, as appropriate, be based on multiple sources of data including, but not limited to:

- information obtained from direct observation of the student;
- information from the student, the student's teacher(s), related service provider(s), and
- a review of available data and information from the student's record and other sources including any relevant information provided by the student's parent/caregiver.

- The FBA cannot be based solely on the student's history of presenting problem behaviors.

The FBA must provide:

- a baseline of the student's problem behaviors with regard to frequency, duration, intensity and/or latency across activities, settings, people and times of the day that the behaviors occur, and
- include information in sufficient detail to form the basis for a Behavioral Intervention Plan (BIP) for the student that addresses:
  - antecedent behaviors;
  - reinforcing consequences of the behavior;
  - recommendations for teaching alternative skills or behaviors; and
  - an assessment of the student preferences for reinforcement.

## **BEHAVIORAL INTERVENTION PLAN**

**Behavioral Intervention Plan (BIP)** is defined in Sections 200.1(mmm) of the Regulations of the Commissioner of Education as a plan that is based on the results of a functional behavioral assessment. At a minimum, the BIP includes a description of the problem behavior, global and specific hypothesis as to why the problem behavior occurs, and intervention strategies that include positive behavioral supports and services to address the behavior.

Per Section 200.22(b) of the Regulations of the Commissioner of Education, the CPSE must consider the development of a BIP for a child when:

- the CPSE is considering a more restrictive program or placement as a result of the student's behavior;
- the student exhibits persistent behaviors that impede his or her learning or that of others, despite consistently implemented general school-wide or classroom-wide interventions;
- the student's behavior places the student or others at risk of harm or injury; and/or
- as required pursuant to section 201.3 of the Regulations of the Commissioner of Education relating to discipline procedures for students with disabilities.

The BIP must identify:

- baseline measure of the problem behavior that will be used as a standard to establish performance criteria and against which to evaluate intervention effectiveness;
- intervention strategies to be used to alter antecedent events to prevent the occurrence of the behavior, teach alternative and adaptive behaviors to the student, and provide consequences for the targeted inappropriate behavior(s) and alternative acceptable behaviors; and
- a schedule to measure the effectiveness of the interventions at regular intervals.

If a BIP is developed for a child receiving SEIT services, the SEIT will likely be required to implement the BIP as part of the provision of services. This implementation must include regular progress monitoring of the behavioral interventions at scheduled intervals as specified in the child's behavior plan and in the IEP. The results of the monitoring must be documented and reported to the child's parents and the CPSE and shall be considered in any determination to revise a student's BIP or IEP.

## **CERTIFICATION TERMINATION:**

In order to provide SEIT services, the SEIT must retain their certification status with NYSED. (See NYSED web site at [www.nysed.gov](http://www.nysed.gov) for the latest information regarding teacher certification.)

If a SEIT's certification expires, is revoked, or terminated, or if the SEIT has surrendered their certification, the SEIT must notify Suffolk County and their provider agency immediately. The school district needs to ensure that the child's case has been reassigned to an appropriately certified SEIT as soon as possible so that services can continue without disruption.

The NYSED has information available on the NYSED website to assist in the verification of continuing or pending certification. The provider agency is responsible to check on this status regularly at the following website:

<http://eservices.nysed.gov/teach/certhelp>

Improper actions of a SEIT that are reported to the County will be forwarded to NYSED for investigation.

## **BILLING AND PAYMENT**

Providers will be paid the half hour reimbursement rate that has been set by the New York State Education Department. According to the N.Y. State Education Department this rate includes any coordination of services that are required as per the child's IEP.

The SEIT billing must include all appropriate documentation required by their agency and Suffolk County. In order for their agency to bill Suffolk County, the "Record of SEIT Service Log Note" form (Exhibit 2a) must be attached to the billing voucher. A sample Suffolk County Standard Voucher (Exhibit 11) and instructions for its completion (Exhibit 12) are attached for your information.

If a SEIT is absent or the Child is absent for any reason the SEIT must offer a make-up session. This is to be recorded in the log note and on the absence form. Both are to be signed by the parent. Make-up sessions must be done in their entirety.

Please see Make-up section of this manual.

# **EXHIBITS**

- Exhibit 1 Request for CPSE Meeting**
  - Exhibit 2a Record of SEIT Service Log Notes**
  - Exhibit 2b Instructions for Completing “Record of SEIT Service Log Notes”**
  - Exhibit 3 Notification of Extended Non-delivery of SEIT Services**
  - Exhibit 4 Verification of Absence and Make-up Session**
  - Exhibit 5 Parent/Guardian Consent for Alternate Verification Signature**
  - Exhibit 6 Quarterly Progress Report**
  - Exhibit 7 Annual Review Progress Report**
  - Exhibit 8 SEIT Event Log**
  - Exhibit 9 Record of Student File Access**
  - Exhibit 10 Sample Suffolk County Standard Voucher**
  - Exhibit 11 Instructions for Completion of the Standard Voucher**
- Acknowledgements**

**Suffolk County Department of Health Services  
Division of Services for Children with Special Needs**

**REQUEST FOR CPSE MEETING**

TO: \_\_\_\_\_  
Name of CPSE Chairperson

\_\_\_\_\_  
School District

\_\_\_\_\_  
Address of School District

FROM: \_\_\_\_\_  
SEIT Provider's Name

\_\_\_\_\_  
Agency/School Name

\_\_\_\_\_  
Address of Agency/School

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**REGARDING:**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

---

**Cc: CPSE Chairperson  
Parent  
Child's File**

**SUFFOLK COUNTY PRESCHOOL SPECIAL EDUCATION PROGRAM**

**RECORD OF SEIT SERVICES LOG NOTES**

Suffolk County NPI # 1760586978

Voucher #

Voucher Date

Pg.

1. Student's Name (Last, First) DOB _____ M__ F__	2. School District, Month/Year of Service	3. Frequency and Duration:	4. IEP Dates – Start and End dates
4. Name of Service Provider Agency & NPI # (if applicable)	5. Name of Individual Service Provider:		6. Prescription Yes [ ] No [ ] Date of Pres <b><u>Not Applicable</u></b>

\_\_1\_\_ of \_\_\_\_

Date of Service: \_\_\_\_\_ Location of Service: \_\_\_\_\_ Make-up Session: Yes [ ] No [ ] \*Status Code: \_\_\_\_\_ Session Time In: \_\_\_\_\_ Session Time Out: \_\_\_\_\_

Goal(s) targeted:

Activity/Lesson:

Child's Response(s): Made Progress [ ] No progress [ ]

I certify that the above services were provided on the dates and times indicated in accordance with the Student's IEP: \_\_\_\_\_  
Signature of SEIT Service Provider

**PARENT(S)/CARETAKER: DO NOT SIGN BLANK LOG NOTES**

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Not for Center-based Services)

Print name of Parent/Caregiver: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**\*STATUS CODES: P=Service Provided, CA= Child Absent, TA= Therapist Absent, H=Holiday, O=Other-Explain Why**

**INSTRUCTIONS FOR COMPLETING**  
**SUFFOLK COUNTY**  
**SPECIAL EDUCATION PRESCHOOL PROGRAM SEIT SERVICE**

**“Record of SEIT Service Log Notes” form (Exhibit 2a)**

Type or Print Clearly:

Enter in the top box: the Name of Student, Student’s DOB, SEIT Provider’s Name, Agency/School name. Check whether the SEIT is the Coordinator of Services and enter the name of the School District, IEP service delivery dates, and Frequency and Duration of service. Check whether Individual or Group session and Location where the service is being provided.

In the Large Box below the top box enter **FOR EACH SESSION the following**: Date of Service; Check “Yes” or “No” to indicate whether the session is a Make-up; enter the Beginning and Ending Time of session, IEP Goals(s) Targeted, Activity or Lesson description including the Objectives and Measures of Success, and Responses of the Child.

Print the Name of the Parent/Caregiver and enter the Relationship to the Child.

The Parent/Caregiver must sign and enter the date the form was signed.

Parents/Caregivers are reminded **NOT TO SIGN BLANK LOG NOTES**.

At the bottom of the page the SEIT must sign and date the form

**There should be no lapse in dates on the log notes**. Missed sessions must be entered on the log note with the reason such as “child sick”, “SEIT sick”, “family on vacation”, etc. A **parent signature is also required** for log notes indicating that a session was missed.

**All parent signatures must be complete signatures and not initials. If a caregiver is signing for services then the parent must give written permission for that person to sign the log notes** by completing the “Parent/Guardian Consent for Alternate Verification Signature” form (Exhibit 6).

Completed and signed log notes should be submitted to the SEIT’s agency. Agencies must attach these notes to all billing forms submitted to Suffolk County.

There should be no lapse in dates on the log notes. Missed sessions must be entered on the log note with the reason such as “child sick”, “SEIT sick”, “family on vacation”, etc.

Suffolk County Department of Health Services  
Division of Services for Children with Special Needs

**NOTIFICATION OF EXTENDED NON-DELIVERY OF SEIT SERVICES**  
**(Five (5) or more Consecutive missed sessions)**

TO: \_\_\_\_\_  
Name of CPSE Chairperson

\_\_\_\_\_  
School District

\_\_\_\_\_  
Address of School District

FROM: \_\_\_\_\_  
SEIT Provider's Name

\_\_\_\_\_  
Agency/School Name

\_\_\_\_\_  
Address of Agency/School

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Dates of missed sessions**

**Reason for missed sessions**

- |                   |       |
|-------------------|-------|
| 1. ____/____/____ | _____ |
| 2. ____/____/____ | _____ |
| 3. ____/____/____ | _____ |
| 4. ____/____/____ | _____ |
| 5. ____/____/____ | _____ |

**With parental permission, makeup sessions can be done within 10 working days from the session being missed. In cases of teacher absence, the make up session should be offered to the family.**

**Cc: Suffolk County Department of Health Services  
Div. of Service for Children with Special Needs  
50 Laser Court, Hauppauge, N.Y. 11788  
Attn: Coordinator of Preschool Special Education Services**

**Suffolk County Department of Health Services  
Division of Services for Children with Special Needs**

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

SEIT's Name: \_\_\_\_\_ Date: \_\_\_\_\_

SEIT's Agency: \_\_\_\_\_ Frequency/Duration: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Location of Service: \_\_\_\_\_

SEIT Absence [  ] or Child Absence [  ]

Date (s) of Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

---

Make-up Session Offered: [  ] Yes [  ] No Date of Make-up Session (if given): \_\_\_\_\_

Make-up Session Declined By Parent: [  ] Yes [  ] No

Signature of SEIT: \_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Caregiver: \_\_\_\_\_

Please submit the completed form along with the original voucher to:

**Suffolk County Department of Health Services  
Accounts Payable Unit  
225 Rabro Drive  
Hauppauge, N.Y. 11788  
Attn: Frank McCluskey**

**Suffolk County SEIT continues to send all log notes and vouchers to the Preschool  
Coordinator and not directly to Accounts Payable Unit.**

Suffolk County Department of Health Services  
Division of Services for Children with Special Needs

**PARENT/GUARDIAN CONSENT FOR ALTERNATE VERIFICATION SIGNATURE**

I, \_\_\_\_\_, give permission for:  
(Parent/Guardian's Name Printed)

Please all who will be able to sign - Day Care Staff, Teacher, Caregiver, etc.

- 1) \_\_\_\_\_ Title: \_\_\_\_\_
- 2) \_\_\_\_\_ Title: \_\_\_\_\_
- 3) \_\_\_\_\_ Title: \_\_\_\_\_

to review, verify the dates of attendance and sign the "Record of SEIT Service" form for me on my behalf for my child, \_\_\_\_\_, \_\_\_\_\_.  
(Print Child's Name) (Date of Birth)

\_\_\_\_\_  
(Parent/ Guardian Signature) (Date of Signature)

I, \_\_\_\_\_ hereby withdraw the above permission as of \_\_\_\_\_.  
(Print name of Parent/Guardian) (Date of Withdrawal)

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

**Suffolk County Department of Health Services  
Division of Services for Children with Special Needs**

**FORMAT FOR  
SPECIAL EDUCATION PRESCHOOL PROGRAM  
SEIT SERVICE  
QUARTERLY PROGRESS REPORT**

Name of Student: _____	Student's Date of Birth: _____
Date of Report: _____	Chronological Age of Student: _____
SEIT Provider Name: _____	Agency/School Name: _____
School District: _____	IEP Dates of Service: _____ to _____
Number of Sessions Authorized this Quarter: _____	Number of Sessions Missed this Quarter: _____

**Goal(s)/Objective(s):**

**YOU CAN DO THIS ON IEP DIRECT**

**Summary of Progress toward Goal(s) and Objective(s):**

**YOU CAN DO THIS ON IEP DIRECT**

**Conclusions and Recommendations:**

**DO NOT SEND THIS TO THE COUNTY**

**Signature of SEIT Provider: \_\_\_\_\_ Date: \_\_\_\_\_**

**cc: Student's CPSE Chairperson  
Parents/Guardians  
Suffolk County Dept. of Health Services  
Div. of Service for Children with Special Needs  
50 Laser Court, Hauppauge, N.Y. 11788  
Attn: Coordinator of Preschool Special Education Services**

**Suffolk County Department of Health Services  
Division of Services for Children with Special Needs**

**FORMAT FOR  
SPECIAL EDUCATION PRESCHOOL PROGRAM  
SEIT SERVICE  
ANNUAL REVIEW PROGRESS REPORT**

Name of Student: _____	Student's Date of Birth: _____
Date of Report: _____	Chronological Age of Student: _____
SEIT Provider Name: _____	Agency/School Name: _____
School District: _____	IEP Dates of Service: _____ to _____

**Assessments Administered (Formal/Informal):**

**Assessment Scores/Results:**

**Summary of Assessment Results and Progress toward Goal(s) and Objective(s):**

**Conclusions and Recommendations:**

**Signature of SEIT Provider: \_\_\_\_\_ Date: \_\_\_\_\_**

**cc: Student's CPSE Chairperson  
Parents/Guardians  
Suffolk County Dept. of Health Services  
Div. of Service for Children with Special Needs  
50 Laser Court, Hauppauge, N.Y. 11788  
Attn: Coordinator of Preschool Special Education Services**



**Suffolk County Department of Health Services  
 Division of Services for Children with Special Needs  
 Record of Student File Access**

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

<b>Date of Access</b>	<b>Person Accessing File</b>	<b>Purpose of Accessing</b>
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____
____/____/____	Signature: _____ Print Name: _____	_____

**SUFFOLK COUNTY PAYMENT VOUCHER**

Dept.:		Contact:	Payment Voucher #	Responsible Agcy	Modify #
Dept. Address		<b>964435</b>			
Date of Record (mm/dd/yy)	Accounting Period (mm/yy)	Budget FY (yy)	Document Total (Include Cents)		
Vendor Code (10-1) 99-123456789			Address		
Vendor Name ABC Preschool			123 Education Lane Holbrook, NY 11741		
Single Check Indicator (Y/N)	Scheduled Pay Date (mm/dd/yy)	Offset Liability Account (4)			

Ln (02)	Reference Document Cd (2) Number (11) Ln (2)	Com Ln # (3)	Invoice Number (12) Ln (3)	Fnd (3)	Agcy (3)	Orgn (4)	Sub Org (2)	Actv (4)	Obj (4)	Sub Obj (2)	Rept Cat (4)	Capital Project # (8)
Rev (4)	BS Acct (4)	Description (17)			Amount (Include Cents)						I/D	P/F
01												
02												
03												
04												
05												

**SAMPLE**

**Additional Comments**  
 Service Category: SEIT  
 Service Billing Period: e.g. January Services 2009  
 Description: This identifier maybe up to 30 characters long. It will be printed on the payment check to assist vendors in reconciling their billing records.  
 Total Amount: \$4,060.00  
 Date of Invoice: March 15, 2009  
**SEE ATTACHED DOCUMENTATION: Record of SEIT Services Log Notes forms**

DEPARTMENT CERTIFICATION: I hereby certify that the materials above specified have been received by me in good condition without substitution. The service properly performed and that the quantities thereof have been verified with the exceptions of discrepancies noted and payment is approved.

PAYEE CERTIFICATION: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; that taxes from which the County is exempt are excluded and that I have read and am familiar with the provisions of Local Law 32-1980 as detailed in the payee instruction section of this voucher.  
 Vice President, ABC Preschool

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_  
 Form PV Original: Audit & Control

PAYEE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_  
 Yellow Copy: Department Accounting 56-0105 3/02

**Suffolk County Department of Health Services  
Division of Services for Children with Special Needs**

**INSTRUCTIONS FOR COMPLETION OF THE STANDARD VOUCHER**

Only seven (7) fields on the voucher should be completed by the provider as outlined below:

1. **VENDOR CODE** – enter the Federal ID# or Social Security #.
2. **VENDOR NAME** – Enter the Agency/Provider Name as it is to appear on the check.
3. **VENDOR ADDRESS** – Enter the address to which the check is to be mailed.
4. **ADDITIONAL COMMENTS BOX** – Enter the following in the “Comments Box”
  - Service Category: SEIT
  - Service Billing Period: (ex. Jan. 1, 2009 – January 31, 2009) It is essential that the Service Billing Period for which the provider is claiming be clearly indicated in this field.
  - Description: This field is designated for your use. This identifier may be up to 30 characters long. It will be printed on the payment check to assist providers in reconciling their billing records.
  - Total Amount of the voucher in dollars and cents.
  - Invoice Date
  - See Attached Documentation: Record of SEIT Services Log Notes forms
5. **PAYEE’S SIGNATURE** – Responsible person must sign and date the payment voucher.
6. **TITLE** – Enter the title of the person signing the payment voucher. Stamped signatures are not acceptable.
7. **NAME OF COMPANY** – Enter the name of the Agency/Provider with which the person signing the payment voucher is associated, if any.

**PLEASE NOTE: No student names are to be listed on the Payment Voucher itself. The Vouchers are Pre-numbered. They cannot be photocopied to be used as original vouchers. You must obtain blank pre-numbered vouchers from the accounts payable unit.**

Back-up documentation requirements to be submitted with the voucher are as follows:

Completed “Special Education Preschool Record of SEIT Service Log Notes” forms (Exhibit 2a) for the Service Billing Period.

Please submit your original voucher along with the appropriate back-up documentation to:

**Suffolk County Department of Health Services  
Accounts Payable Unit  
225 Rabro Drive  
Hauppauge, N.Y. 11788  
Attn: Frank McCluskey**

**Suffolk County SEIT continues to send all log notes and vouchers to the Preschool Coordinator and not directly to Accounts Payable Unit.**

## **ACKNOWLEDGEMENTS**

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Kristine Anderson	Nassau County Department of Health, OCSN
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Tara McNally	Nassau County Early Childhood Direction Center
NYSED VESID Special Education Quality Assurance Long Island Regional Office	
Nancy Vermillion	Suffolk County Department of Health Services, DSCSN
Kathleen Walsh	Nassau County Department of Health, OCSN
Meryl Zaglin, Ed.D.	Suffolk County Department of Health Services, DSCSN

*Dial 852-COPS-for Non-Emergency Police Calls in Suffolk County*