**Monthly Self-Assessment of SEIT Service Provision**

|  |  |  |  |
| --- | --- | --- | --- |
| Month/ Year: | | | |
| Child Name: | | NYC ID# | |
|  | Provider’s Name/ Agency | Mandate | FAD for current semester |
| SEIT |  | X 30 |  |
| ST |  | X 30 |  |
| OT |  | X 30 |  |
| PT |  | X 30 |  |
| Other |  |  |  |

1. **Family involvement**

Date when you spoke to parents: \_\_\_\_\_\_\_\_\_\_\_\_, Method of Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Families’ needs, resources, priorities and concerns or suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities recommended to be done at home to promote child’s learning, social and physical development:

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1. **SEIT provider promoted skills in the following developmental areas:**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Cognitive development: reasoning and problem-solving skills; literacy; mathematical concepts’ scientific methods |  |  |
| Language development: expressive and receptive communication skills |  |  |
| Social-emotional development: self-concept, self-control and interpersonal skills; social interactions with children and adults; learning through play |  |  |
| Physical development: gross, sensory-motor and fine motor skills |  |  |
| Self-help skills: personal health and safety skills |  |  |

1. **Coordination of related services and multidisciplinary approach**

Last Multidisciplinary conference conducted (date): \_\_\_\_\_\_, Method of Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spoke with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related services are provided as mandated □ Yes □ No

(Explain what steps you took to coordinate related services)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there gaps in related services this month ( 3 or more missed consecutive sessions) ?

□ Yes (indicate dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No

SEIT Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_