

NATA'S KIDS, INC.
PRESCHOOL SPECIAL EDUCATION PROGRAM
1733 Sheepshead Bay Road, Suite 36 Brooklyn, New York 11235

QUARTERLY RELATED SERVICE MONITORING

Student's Name: _____ ID: _____

SEIT Provider: _____

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the CPSE.

<u>Related Service</u>
<input type="checkbox"/> ST (Mandate: _____) Agency _____
<input type="checkbox"/> OT (Mandate: _____) Agency _____
<input type="checkbox"/> PT (Mandate: _____) Agency _____
Are related services are being provided as mandated? : Yes____ No____

Specific reasons as to why related services are not being provided as mandated:

If you are refusing any of the related services mandated to your child, please state why:

Does your SEIT provider assist in coordinating related services:

Signature of Parent/Guardian

Date Signed

Signature of SEIT Provider

Date Signed