

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  
 Account 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.