**Smart Choice Therapy Inc**

Preschool Special Education & Multidisciplinary Evaluation Program

1250 Hylan Blvd, Suite 9B, Staten Island, NY 10305

Phone: (718) 414-2596 Fax: (929) 274-7419

**PROVIDER SCHEDULE**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IEP Mandate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s NYC ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Services | MondayFrom – To | TuesdayFrom – To | WednesdayFrom – To | ThursdayFrom – To | FridayFrom – To | Location |
| SEIT |  |  |  |  |  |  |
| ST |  |  |  |  |  |  |
| OT |  |  |  |  |  |  |
| PT |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Services | IEP Mandate | Provider’s Name | Phone # |
| SEIT |  |  |  |
| ST |  |  |  |
| OT |  |  |  |
| PT |  |  |  |
| Other |  |  |  |

*Please notify Smart Choice Therapy Inc of any absences, schedule and location change*

**Provider’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_