Smart Choice Therapy Group LLC

Special Education & Multidisciplinary Evaluation Program
1250 Hylan Blvd, Suite 9B, Staten Island, NY 10305
Phone: (718) 414-2596 Fax: (929) 274-7419

SEIT (10 Months) School Year 2026-2027 Regular Hours: 8:00 am - 6:00 pm (Mo-Fri)

	M	T	W	TH	F		M	T	W	TH	F		M	T	W	TH	F		M	T	W	TH	F		M	T	W	TH	F	Total Hours
SEPTEMBER								8	9	10	11		14	15	16	17	18		21	22	23	24	25		28	28	30			
								2.0	1.0	1.0	1.0		1.0	A	1.0	1.0	1.0		H	P	0.5	2.0	1.0		1.5	1.5	0.5			16.0
OCTOBER				1	2		5	6	7	8	9		12	13	14	15	16		19	20	21	22	23		26	27	28	29	30	
				0.5	1.0		1.0	1.0	1.0	1.0	1.0		H	1.0	1.5	2.5			1.0	1.0	1.0	1.0	1.0		P	3.0	1.0	0.5		21.0
NOVEMBER	2	3	4	5	6		9	10	11	12	13		16	17	18	19	20		23	24	25	26	27		30					
									H													H	H							0.0
DECEMBER		1	2	3	4		7	8	9	10	11		14	15	16	17	18		21	22	23	24	25		28	29	30	31		
																							H							0.0
JANUARY					1		4	5	6	7	8		11	12	13	14	15		18	19	20	21	22		25	26	27	28	29	
					H														H											0.0
FEBRUARY	1	2	3	4	5		8	9	10	11	12		15	16	17	18	19		22	23	24	25	26							
													H																	0.0
MARCH	1	2	3	4	5		8	9	10	11	12		15	16	17	18	19		22	23	24	25	26		29	30	31			
																							H							0.0
APRIL				1	2		5	6	7	8	9		12	13	14	15	16		19	20	21	22	23		26	27	28	29	30	
																														0.0
MAY	3	4	5	6	7		10	11	12	13	14		17	18	19	20	21		24	25	26	27	28		31					
																									H					0.0
JUNE		1	2	3	4		7	8	9	10	11		14	15	16	17	18		21	22	23	24	25		28	29	30			
																														0.0

H - Holiday A - Student's Absence P - Provider's Absence

CHILD'S NAME: Jack Smith NYC ID: 123-456-789 LOCATION: ABC Daycare / library

THERAPIST NAME: Jane Doe SIGNATURE: Jane Doe TITLE: SEIT

Special Education Itinerant Teacher Services – Service Form

Student Name: Smith, Jack NYC ID#: 123-456-789
Provider Name: Doe, Jane 4410 SEIT Provider: Smart Choice Therapy Group LLC NYC Preschool Code: C-594
Frequency: 10 Duration: 30 Group Size: 3:1 Language: English Location: ABC Daycare, library

Directions: Fill out one form per week. The relevant signature must attest to sessions occurring during the preceding week.

Date: 9/14/26 Start Time: 8:20 AM End Time: 9:20 AM If make-up, date of missed session: ____
Type (Direct/Indirect): Direct Location: School/Daycare Group Size: 1

Date: 9/16/26 Start Time: 8:50 AM End Time: 9:50 AM If make-up, date of missed session: ____
Type (Direct/Indirect): Direct Location: School/Daycare Group Size: 1

Date: 9/17/26 Start Time: 5:00 PM End Time: 6:00 PM If make-up, date of missed session: ____
Type (Direct/Indirect): Direct Location: Temporary Childcare Location Group Size: 1

Date: 9/18/26 Start Time: 9:00 AM End Time: 10:00 AM If make-up, date of missed session: ____
Type (Direct/Indirect): Direct Location: School/Daycare Group Size: 1

Date: ____ Start Time: ____ End Time: ____ If make-up, date of missed session: ____
Type (Direct/Indirect): ____ Location: ____ Group Size: ____

Date: ____ Start Time: ____ End Time: ____ If make-up, date of missed session: ____
Type (Direct/Indirect): ____ Location: ____ Group Size: ____

Date: ____ Start Time: ____ End Time: ____ If make-up, date of missed session: ____
Type (Direct/Indirect): ____ Location: ____ Group Size: ____

Date: ____ Start Time: ____ End Time: ____ If make-up, date of missed session: ____
Type (Direct/Indirect): ____ Location: ____ Group Size: ____

Date: ____ Start Time: ____ End Time: ____ If make-up, date of missed session: ____
Type (Direct/Indirect): ____ Location: ____ Group Size: ____

Date: ____ Start Time: ____ End Time: ____ If make-up, date of missed session: ____
Type (Direct/Indirect): ____ Location: ____ Group Size: ____

Total Sessions: 4

I hereby certify that I have provided SEIT services on the dates for the duration indicated herein. I understand that when completed and filed, this form becomes a record of the Department of Education and that any material misrepresentation may subject me to criminal, civil and/or administrative action.

JDoe 9/18/2026
Signature of Provider Date

Jane Doe 9/18/2026
Print Provider Name Date

By my signature I acknowledge that I have reviewed this SEIT services form and that, to the best of my knowledge, the sessions identified above as having occurred in the child care location were provided as indicated.

ABC Daycare (646) 646-6464
Name of Child Care Location Phone Number

Margaret Hastings teacher
Name of Director/Designee Of Child Care Location Title

Margaret Hastings 9/22/2026
Signature of Director/Designee of Child Care Location Date

By my signature I acknowledge that I have reviewed this SEIT services form and that, to the best of my knowledge, the sessions identified above as having occurred at a site other than the child care location were provided as indicated.

DSmith 9/19/26
Signature of Parent Date

Diana Smith
Print Parent Name

Revised 1/18/2017

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MONTHLY INVOICE

Service Period: Month _____September_____Year 2026

Provider Information

Name:_____Jane Doe _____
Address: _____123 Seaver Avenue, Staten Island, NY 10305 _____

Student Information

Name:_____Jack Smith _____
NYS ID #: _____123-456-789_____IEP Mandate:__10x30 _____

Date of Service	Time In-Out	Location H-Home S-School/Daycare	Session Type R-Regular M-Make Up	Date of Missed Session	Length of Session

Total Number of Hours____17.00____ Rate per Hour $ 50.00_____ Total Amount Due $850.00

Provider Signature_____J Doe_____ Date 9/30/2026

By my signature, I acknowledge that I have reviewed this billing form and that, these sessions were provided as indicated.

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PROVIDER SCHEDULE

Date: 9/15/2026

Student's Name: Jack Smith IEP Mandate: 20x30

Student's NYC ID #: 123-456-789 DOB: 1/1/2022

Provider's Name: Jane Doe

Services	Monday From – To	Tuesday From – To	Wednesday From – To	Thursday From – To	Friday From – To	Location
SEIT 1	8:00-9:00	9:00-10:00	8:00-9:00	2:00-3:00	8:30-9:30	ABC Daycare
ST	1:30-2:00		1:30-2:00	1:30-2:00		ABC Daycare
OT	To be	established				
PT	To be	established				
SEIT 2	9:00-10:00	10:00-11:00	9:00-10:00	9:00-10:00	9:30-10:30	ABC Daycare

Services	IEP Mandate	Provider's Name	Email Address
SEIT 1	10x30	Jane Doe	janedoe@gmail.com
ST	3x30	Ann Michaels	annmichaels@aol.com
OT	2x30	To be established	
PT	2x30	To be established	
SEIT 2	10x30	Mary Daniels	marydaniels@hotmail.com

Please notify Smart Choice Therapy Group LLC of any absences, schedule and location change.

Provider's Signature: J. Doe