



Early Intervention and
Preschool Services Program

Preschool Confirmation of Delivery of Services

Service Month

Child's Name	DOB	Type of Service	Frequency & Duration	
Agency Name	NPI #	School District		
Name of Individual Service Provider	Profession	License	NPI	

Date of service	Start time	End time	Location	Session Code: P, CA, TA, MU, S	Parent/Guardian Signature/Verifying Witness Signature

Service Codes: P-Service Provided, CA-Child Absent, TA-Teacher Absent, MU-Makeup, S-CPSE Meeting

I certify that on the dates above, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant federal, state and local laws and regulations governing the Medicaid process.

Therapist Signature _____ Date: _____