NYC Department of Education
Carmen Fariña, Chancellor

Preschool Special Education Service Provider Sign-In/Sign-Out Sheet

Child's Name _____ **Teacher's Name** _____ **CLASS** _____

Service (e.g., OT, PT, SEIT) _____ **IEP Mandate** _____

Date	Time In	Provider's Name	Time Out

Date	Time In	Provider's Name	Time Out