

Child Absent Notification

CHILD: _____

AGENCY: **NY THERAPY PLACEMENT SERVICES, INC.**

TEACHER: _____

Location of Service: _____

Date(s) of Absence: _____

of approved hours: _____

Reason for Absence: _____

Signature of Teacher: _____

Signature of Parent/Guardian/Classroom Teacher

Date

(Must be submitted with Billing attendance records)