

Child Termination of Services
Notification

Child: _____

Teacher: _____

Agency/Provider: **NY Therapy Placement Services, Inc.**

Date of termination: _____ / _____ / _____

Reason for termination: _____

Transferring to a new provider: Yes _____ No _____ Not Known _____

Name of **NEW** service provider if known: _____

Signature of Provider/Agency Director

Date

(Must be submitted with billing attendance records)