

**PARENT VERIFICATION  
 OF SERVICES  
 EXAMPLE**

**SECTION 1: CHILD AND EARLY INTERVENTION SERVICE (EIS) PROVIDER INFORMATION**

Name of Child: Jason Richards	BRIDGES ID #: 353588	Month/Year: October 2020
Name of EIS Provider: Mouths o' Babes	Name of Agency/Company: Sasha Fierce	

**SECTION 2: EIS INFORMATION**

EIS Provided     OT     PT     SC     SI     SLP     Other

**NOTE TO PARENT:** Your signature on this form confirms that the service was provided on the date and at the times listed and is the basis for payment to the EIS provider by IDEA/Part C. Please **DO NOT** sign any blank, incomplete, or incorrect lines.

Date of Service	Beginning Time	Check one			Check one		Signature of Parent	Date
		A.M.	P.M.	Ending Time	A.M.	P.M.		
10/5/20	3:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3:58	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sarah Richards	10/5/20
10/12/20	3:02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sarah Richards	10/12/20
10/19/20	2:59	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4:01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sarah Richards	10/19/20
10/26/20	3:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sarah Richards	10/26/20
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

**SECTION 3: EIS PROVIDER ACKNOWLEDGEMENTS AND SIGNATURE**

By signature below, I certify that I have provided the services listed for this child. I further acknowledge that the original signed parent verification form must be maintained on file in the event of audit by IDEA/Part C for not less than three years after the last date of service.

<i>Sasha Fierce</i> Signature of EIS Provider	11/02/20 Date
--	------------------