



**PARENT VERIFICATION  
OF SERVICES**

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

Name of Child:	BRIDGES ID #:	Month/Year:
Name of EIS Provider:	Name of Agency/Company:	

**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	<i>Check one</i>		Ending Time	<i>Check one</i>		Signature of Parent	Date
		A.M.	P.M.		A.M.	P.M.		
		<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"/>		
		<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>Signature of EIS Provider</i>	<i>Date</i>
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