ATTENDANCE

_____
NAME

_____ _____
PROVIDER DISCIPLINE

MONTH _____

DATE	START TIME	END TIME	CARETAKER SIGNATURE

I certify the information I am going to submit will be true, accurate and complete. I understand that this information may be used for billing and payment and satisfaction of the claim will be from federal and/or state funds. I understand any false claims, statements, or documents, or concealment of material facts, may be prosecuted under applicable Federal and State Laws.

Further, I certify all services I am reporting have been provided by or under the direction or supervision of a licensed professional of the healing arts, other licensed health care professional, or other licensed /certified practitioner acting in their scope of practice under state law.

Finally, if after this submission I discover any error in it, I will immediately report such errors for adjustment.

Signature _____ Date _____

DOCUMENT INSTANCES OF PARENT EDUCATION/CARETAKER INVOLVEMENT, TEAMING WHEN MULTIPLE PROVIDERS INVOLVED IN CHILD'S CARE, REFERRALS TO COMMUNITY ACTIVITIES, ETC.

NOTE DATE, MEANS OF INTERACTION (TELEPHONE CALL, PERSON-TO-PERSON CONTACT, NOTEBOOK, TEACHING MATERIALS, TOY LEND, ETC.) AND PERCEIVED RESPONSE TO INTERACTION FROM PARENT OR CO-WORKER.