Nassau County Preschool Confirmation of Service Delivery | Mo/Yr_____

Child's Name (Last, First) DOB:	Agency / Center-Based School or Independent Contractor	NPI #	School District
Type of Service (SP/OT/PT/Psych/Nursing/etc.)	Print Name of Individual Service Provider	Frequency	Duration

Date of service	Start time	End time	Session Code:	Parent/Guardian Signature/Verifying Witness Signature