

Service Verification Form

Provider Name: _____ Agency: TIFFE Month: _____

Student Name: _____ DOE Student ID #: _____

| Date | School/Site (Specify location) | Type of Service | Start Time/ End Time | * Signature of school personnel/caregiver <small>(start and end time)</small> | Printed name of school personnel/caregiver <small>(start and end time)</small> |
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Note: Signature verifies that the service was delivered at school/home/community.

Provider Signature _____

Print Name: _____

Date: _____

* if signature of school personnel/caregiver is different at start and end time two signatures are required

Routing Information:

Send copy to Student Service Coordinator via:

- Fax receipt
- Other _____

Date Sent: _____

*** Original document to be kept on file at agency