



Step Up Therapy Services

1100 Coney Island Ave, Suite 414; Brooklyn, NY 11230

Phone (718)434-1200 Fax (718)434-1099

Coordination of Related Services for the Period of _____ 20_____

	SEIT Provider:
Child Name:	ST Provider: Phone Number:
Date of Birth:	OT Provider: Phone Number:
NYC ID #:	PT Provider: Phone Number:

*It is the responsibility of the SEIT provider to coordinate with related service providers on a **QUARTERLY** basis, to ensure all providers are working together to advance student's IEP goals*

1. Are related services being provided according to IEP (goals, duration and frequency)?

Yes No

2. Date(s) of Discussion/Outreach

3. **IEP goals** and strategies discussed. How will you incorporate these comments into your sessions?

Results discussed with Parents Yes No, If Not Why?

Parent Comments:

Other School/Staff Comments:
