

Early Intervention Compensatory Service Waiver

I, _____, (parent/guardian) understand that our child/family is owed _____ (number) make-up visits for _____ (OT/PT/SLP/SI) for the month(s) of _____ provided by _____ (program's name).

By signing and dating, I understand that I am declining these compensatory visits owed by _____ (program's name).

Parent/Guardian Signature

Date