



**SARATOGA COUNTY
DEPARTMENT OF HEALTH**

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DANIEL KUHLES, M.D., M.P.H.
Commissioner

2023

**Preschool Special Education Program
ANNUAL REVIEW SIGNATURE FORM**

| Service | Signature with credentials | Date |
|-------------------------------|-----------------------------------|-------------|
| Education (SEIS) | | |
| Speech & Language | | |
| Occupational Therapy | | |
| Physical Therapy | | |
| Social Work/Counseling | | |
| Other | | |
| Other | | |
| Other | | |