



Special Education Itinerant Teacher (SEIT) Form

Return this form to the Health Coordinator no later than May 15th by email: healthforms@lrei.org or mail: Summers at LREI 272 Sixth Avenue NY, NY 10014

Please note that we can only accommodate one SEIT per Homegroup and reserve the right to re-assign your child to a Homegroup based on availability.

Camper Name
Homegroup (If already registered) (for example: Five C, Half Day Five A, Six B...)

Parent/Guardian Name
Phone
Email

SEIT Name
Address
Phone
Email

How long has your child been working with his/her SEIT?

[Empty text box for SEIT duration]

Provide details about when the SEIT will accompany your child this summer below.

1. Circle session/s of registration: Session 1 Session 2 Session 3

2. Indicate the hours the SEIT will accompany your child in the weekly schedule:

Table with 5 columns: Monday, Tuesday, Wednesday, Thursday, Friday

3. List any dates/times there will be an exception to this schedule:

[Empty text box for exceptions]

Please describe the primary challenges your child is working on with his/her SEIT: