

<p>Check one</p> <p><input type="checkbox"/> child currently in program</p> <p><input type="checkbox"/> reopened case</p>

NYC EARLY INTERVENTION PROGRAM REQUEST FOR ADDITIONAL EVALUATION

Child's EI ID Number: _____ Child's DOB: ____ / ____ / ____

Name of Child: _____
Last First

Name of SC: _____ SC ID#: _____

Phone Number: () _____ Fax Number: () _____

Dear Early Intervention Official Designee:

I have been advised that an additional supplemental or core evaluation of my child is necessary. I consent to have it done at:

Name of Early Intervention Evaluation Site

by the following professional(s) – check as appropriate:

- Audiologist Occupational Therapist Pediatrician or other physician
- Physical Therapist Psychologist Special Educator
- Speech Therapist Other: (specify): _____

I consent to the release of the above evaluations to the NYC Early Intervention Program. I understand that I will be involved in all aspects of my child's evaluations and IFSP planning and that I am entitled to receive the results of all evaluations.

Signature of Parent/Guardian Date: ____ / ____ / ____

Interventionist's Rationale For Additional Evaluation (attach additional sheet if necessary):

Notice to Service Coordinator/Provider:

- Complete this form for each supplemental or core evaluation to be performed after initial IFSP has been completed.
- Complete *Interventionist's Rationale for Additional Evaluation* section above, attaching additional sheets if needed.
- Forward this form to the EIOD.
- Evaluation may be performed only after authorization is received from EIOD.
- A copy of this form, with the "Approved" box checked and the signature of the EIOD, must be attached to the Evaluation/Screening Summary and Data Entry Forms, which the evaluator sends to the EIOD.

Approved Denied _____ Date: ____ / ____ / ____
Signature of EIOD

Reason for Denial: