NYC EARLY INTERVENTION PROGRAM
(POST-NYEIS) REASON FOR DELAY OF EVALUATION COMPLETION FORM

Child's Name:	DOB:
EI Number:	Date of Referral to EI: _____/_____/ _____

<u>This form is to be</u> filled out by the Initial Service Coordinator (if needed) and submitted to the Evaluation Agency with the other required paperwork as outlined in the Initial Service Coordination Responsibilities Policy

Parents chose: _____
(Evaluation Site Name) (Provider #)
which was/will be unable to complete the child's evaluation within thirty (30) days of the date of referral to the NYC Early Intervention Program due to the following reason (s):

☐ 1. Waiting List ☐ 2. Evaluator backlog/delay ☐ 3. Other reason (s):_____

_____

The child is now scheduled for an evaluation on (date): _____ / _____ / _____ at_____

_____
(Evaluation Site Name) (Provider #)

Initial Service Coordinator Signature: _____

Date: ____ / _____ / ____ Agency: LifeBridge Phone number: 718 631 1034

Parent Acknowledgement

I understand that my child is entitled to an evaluation and to the convening of an IFSP meeting within forty-five (45) days of the date of referral to the New York City Early Intervention Program (EIP). I understand that the evaluation site I have selected will not be able to complete the evaluation and send the required report to me and the NYC EIP so that this timeline can be met.

Parent signature: x_____ Date: _____ / _____ / _____

Parents must never be asked to sign this form before any delays occur.