## NYC EARLY INTERVENTION PROGRAM REASON FOR DELAY OF EVALUATION COMPLETION/ MDE SUBMISSION FORM

Child's Name:	DOB:
EI Number:	Date of Referral to EI: / /
	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)	
(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. Oth	ner reason (s):
The shill is a second of the form of the second of the sec	
The child is now scheduled for an evaluation on (date):	// at
(Evaluation Site Name)	(Provider #)
Initial Service Coordinator Signature:	
Date:/ / Agency:	Phone number:
Parent Ackn	nowledgement
	the convening of an IFSP meeting within forty-five (45) days
	n Program (EIP). I understand that the evaluation site I have
selected will not be able to complete the evaluation and send	
timeline can be met.	the required report to me and the NTC EII so that this
Parent signature:	//
1 drent signature.	Datc / / /
Date this form was sent to Evaluation Agency:/	
Dute this form was sent to Evaruation regency.	<del></del> '
Costion II. Eilled out by the Evoluction Agency (if needed	D and submitted the Designal Office and Comice
Section II: Filled out by the Evaluation Agency (if needed Coordinator with the Evaluation Packet	i) and submitted the Regional Office and Service
Coordinator with the Evaluation Packet	
N	
Name of Evaluation Agency(ies)	
A. \[ \square 1. Child ill \[ \square 2. Parent ill \[ \square 3. Delay Signing Consent for Evaluation \[ \square 4. Child not eligible at first	
evaluation 5. Family missed evaluation appointment	☐ 6. Parental scheduling delay ☐ 7. Other family
reasons:	
B. 1. Delayed referral from SC to Evaluation Agency	2. Other provider reasons/Comments:
Signature of Evaluation Representative:	Date: / /
Signature of Parent:	
Nignatiire of Parent*	Date: / /

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