

**INDIVIDUALIZED FAMILY SERVICE PLAN (Page 6)  
SERVICE PLAN: TRANSPORTATION, ASSISTIVE TECHNOLOGY AND  
RESPITE SERVICES**

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 EI #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Transportation**

Transportation services are authorized to enable an eligible child and the child's family to receive Early Intervention services. As per New York State Early Intervention Program Regulations at 10NYCRR, Sec 69-4.19 (b). "...consideration shall first be given to provision of transportation by a parent of a child..." **Transportation options are evaluated in the following order.**

- No transportation needed.
- Caregiver will transport child either by:  Public Transportation  Private car  Yes  No
- If the Caregiver is unable to transport the child state the reason: \_\_\_\_\_

**The Early Intervention Program will provide transportation by:**

- School bus
- Car Service. If requesting this mode please state reasons why other forms of transportation are not appropriate: \_\_\_\_\_

Are there any other needs (e.g., nurse on bus)? \_\_\_\_\_

**Assistive Technology Device Needs:**

Names/categories of AT equipment: \_\_\_\_\_

Reason AT device needed to achieve functional outcome: \_\_\_\_\_

- Form attached  Form to be completed  Continued assessment needed  Child currently has AT equipment  Not applicable

**Respite Services**

Respite is short term, temporary care provided by a trained respite worker or nurse. It is intended to provide support to parents and caregivers who may otherwise be overwhelmed by the intensity and constancy of caregiving responsibilities for their child with special needs. Respite is not a substitute for daycare and the need for childcare is not sufficient alone to justify respite services. *The New York City Early Intervention Program determines the need for respite services based upon the individual needs of the child and family with consideration given to New York State Public Health Laws.*

- Does the family express the need for respite services?  Not at this time  Yes  Application attached  Application to be submitted
- Has the family applied for other sources of respite?  Not eligible  No Explain why not. \_\_\_\_\_
- Yes Give source, date of application and current status. \_\_\_\_\_