

Check one: <input type="checkbox"/> child currently in program <input type="checkbox"/> reopened case
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**NYC EARLY INTERVENTION PROGRAM  
REQUEST FOR ADDITIONAL  
EVALUATION**

Child's EI ID Number: \_\_\_\_\_ Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child: \_\_\_\_\_

Name of SC: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ 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:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Audiologist        | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Pediatrician or other physician |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Psychologist           | <input type="checkbox"/> Special Educator                |
| <input type="checkbox"/> Speech Therapist   | <input type="checkbox"/> 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):

**Note to Service Coordinator/Provider:**

1. Complete this form for each supplemental or core evaluation to be performed after the initial IFSP has been completed.
2. Complete *Interventionist's Rationale For Additional Evaluation* section above, attaching additional sheets if needed.
3. Forward this form to the EIOD.
4. Evaluation may be performed only after authorization is received from EIOD.
5. 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 send to the EIOD.

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reason for Denial: \_\_\_\_\_ Signature of EIOD