

**NEW YORK CITY EARLY INTERVENTION PROGRAM  
STATUS OF START DATE OF SERVICES FORM**

Child’s Name: \_\_\_\_\_ EI ID#: \_\_\_\_\_

Ongoing Service Coordinator (OSC): \_\_\_\_\_

SC #: \_\_\_\_\_

Date of IFSP: \_\_\_\_\_ IFSP Type: \_\_\_\_\_

Service Type	IFSP Begin Date	Authorized EI Agency	Have Services Started?	Actual Service Start Date *
			Y <input type="checkbox"/> / N <input type="checkbox"/>	
			Y <input type="checkbox"/> / N <input type="checkbox"/>	
			Y <input type="checkbox"/> / N <input type="checkbox"/>	
			Y <input type="checkbox"/> / N <input type="checkbox"/>	
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			Y <input type="checkbox"/> / N <input type="checkbox"/>	
			Y <input type="checkbox"/> / N <input type="checkbox"/>	

\* For any service that has not started **within two (2) weeks** of the IFSP, attach relevant service coordination notes. Include the service type, start date, reason for delay in start of service, all agencies contacted, contact name and date of contact, of all agencies contacted to secure a new service provider.

OSC Signature: \_\_\_\_\_ Date: \_\_\_\_\_