

NYC EARLY INTERVENTION PROGRAM

INSTRUCTIONS FOR COMPLETION

CLOSURE FORM

The initial or opening Service Coordinator must complete this form when any of the conditions (A-K) Listed in the box titled "Disposition" occur. **THIS FORM SHOULD NOT BE COMPLETED IF A CHILD WILL BE LEAVING ONE EI PROVIDER AND CONTINUE TO RECEIVE SERVICES BY ANOTHER EI PROVIDER.**

All information requested must be completed. **NOTE:** The *Effective Date of Closure* and the *Date of Submission* do not have to be the same date.

The Service Coordinator must keep a complete copy of the **CLOSURE FORM** in the child's service Coordination case record and must send copies to the following: **EIOD** (or appropriate Regional EI Director); **the evaluation site** (if prior to the IFSP meeting); and **all service provider(s) (including transportation and respective providers).**

If the child is found not eligible for Early Intervention services, the service coordination should discuss referral for monitoring with the parent and should check the appropriate box at the bottom of the **Closure Form**. If the parent accepts the referral, the Service Coordinator should include the code for risk factor (see below), as well as the name, address, and telephone number of the child's primary health care provider and the child's next appointment date.

The codes for risk factors are:

- | | | | |
|---|--|---|--|
| A | Absence of primary health care | R | Lead, elevate level in blood (20+mg/dl) |
| B | Asphyxia | S | Maternal age less than 16 years |
| C | Birth Weight <1501 grams | T | Maternal education <high school |
| D | Child abuse/maltreatment | U | Maternal lack of prenatal care |
| E | Central nervous system insult/abnormality | V | Maternal PKU |
| F | Congenital anomaly (major) | W | Maternal prenatal alcohol abuse |
| G | Congenital Perinatal transmitted infection | X | Maternal prenatal drug use (illicit) |
| H | Domestic violence | Y | Muscle tone abnormality-
Hyper/hypotonicity |
| I | Foster care placement | Z | NICU (10+ days) |
| J | Gestational age <33 weeks | 0 | Maternal Perinatal drug use (therapeutic) |
| K | Growth deficiency/nutritional problems | 1 | Otitis media (chronic, severe) |
| L | Hepatitis B | 2 | Parental developmental disability or
mental illness |
| M | Homelessness | 3 | Parental difficulty with parenting
functions |
| N | Hyperbilirubinemia (>20 mg/dl) | 4 | Parent-infant bonding difficulties |
| O | Other | 5 | Parental substance abuse |
| P | Hypoglycemia (serum glucose <20 mg/dl) | 6 | Respiratory distress |
| Q | Inborn metabolic disorder (IMB) | 7 | Suspected developmental delay (parent
concern/screen) |
| | | 8 | Suspected hearing impairment |
| | | 9 | Suspected visual impairment |