

Early childhood specialists losninos.com

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***Notice of Gap in Service***

All service providers must notify Los Ninos of any interruption of services of 3 consecutive sessions within 48 hours. Cancellation Session Notes are required along with this form. Form will be forwarded to all participating agencies.

#  Child Information

Child Name: DOB: / /

First Name Last Name

Reference Number:

Service Coordinator: Contact Number:

#  Therapist Information

Therapist Name: Service Type:

#  Gap In Service Details

|  |  |
| --- | --- |
| **Dates of Absence**: From:  | To: |

## Type of Absence and Reason (please check off all that apply below):

* **Family Driven**

Child Illness Family Vacation Family emergency Other (explain below)

* **Therapist Driven**

Therapist Illness Therapist Vacation Therapist emergency Other (explain below)

* **Circumstances Beyond Providers Control**

Hazardous weather Civil Emergency Other (explain below) Comments:

**Important Dates**

## Date Services Resumed/Expected: Date Service Coordinator Informed:

**Date Parent Informed of Clinician Absence: Not Applicable**

***Note: Vacations or Extended absences on behalf of Therapist must be informed at least 5 days prior to start.***