EIP-ADDEV-1-196 VI 7

Check one:								
() child currently in program							
() reopened case							

NYC EARLY INTERVENTION PROGRAM REQUEST FOR ADDITIONAL EVALUATION

Child's EI ID Number:						Child's DOB:/				
Name	e of Child:									
Name	e of Child: Las e of SC:	t		First	S	SC ID#:				
) Fax Number: ()								
Dear	Early Intervention C	Official Des	ignee:							
I have	e been advised that	an additio	nal supplement	al or core ev	valua	ation of n	ny child i	S		
neces	ssary. I consent to h	ave it done	e at	Early Intervent	ion Ev	aluation Sit	e			
by th	e following professi	ional(s) – c	heck as approp	riate:						
() Aı () Pł () Sŗ	udiologist hysical Therapist peech Therapist	() Oo () Ps () O	ccupational The sychologist ther (specify): _	rapist		() Pedia () Speci	itrician o al Educa	r other	r physician	
undei	sent to the release or rstand that I will be am entitled to rece	involved in	n all aspects of r	ny child's ev					and	
	Signature of Paren	+/C	·····			Da	te:	_/	_/	
Interv	ventionist's Rational	e For Addi	itional Evaluatic	on (attach ac	dditic	onal shee	t if nece	ssary):		
Note to	o Service Coordinator/P	rovider:								
1.	Complete this form f has been completed.	-	plemental or core	evaluation to I	be pe	rformed af	ter the ini	tial IFSP		
2.	Complete <i>Interventio</i> sheets if needed.		ale For Additional	Evaluation sec	ction a	above, atta	ching add	itional		
3.	Forward this form to	the EIOD.								
4. 5.	Evaluation may be performed only after authorization is received from EIOD. 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.									
	pproved () Denied on for Denial:	t		Signature of EIG	 OD		_Date:	/_	/	