**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 ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |
|  |  |  | Y ⁪ / N ⁪ |  |

\* 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:

Status of Start Date of Services Form 9/10