NYC EARLY INTERVENTION PROGRAM
REASON FOR DELAY OF EVALUATION COMPLETION/ MDE SUBMISSION FORM

Child's Name:	DOB:
EI Number:	Date of Referral to EI: / /

Section I: Filled out by the Initial Service Coordinator (if needed) and submitted to the Evaluation Agency with the other required paperwork as outlined in the Initial Service Coordination Responsibilities Policy

Parents chose: _____

(Evaluation Site Name)   (Provider #)

which was/will be unable to complete the child's evaluation within thirty (30) days of the date of referral to the NYC Early Intervention Program due to the following reason (s):

☐ 1. Waiting List ☐ 2. Evaluator backlog/delay ☐ 3. Other reason (s):_____

_____

The child is now scheduled for an evaluation on (date): _____ / _____ / _____ at_____

_____

(Evaluation Site Name)   (Provider #)

Initial Service Coordinator Signature: _____

Date: ____ / _____ / ____ Agency: _____ Phone number: _____

Parent Acknowledgement

I understand that my child is entitled to an evaluation and to the convening of an IFSP meeting within forty-five (45) days of the date of referral to the New York City Early Intervention Program (EIP). I understand that the evaluation site I have selected will not be able to complete the evaluation and send the required report to me and the NYC EIP so that this timeline can be met.

Parent signature: _____ Date: _____ / _____ / _____

Date this form was sent to Evaluation Agency: _____ / _____ / _____

Section II: Filled out by the Evaluation Agency (if needed) and submitted the Regional Office and Service Coordinator with the Evaluation Packet

Name of Evaluation Agency(ies)_____

Please Indicate the Reason(s) for Delayed Submission of MDE:

A. ☐ 1. Child ill ☐ 2. Parent ill ☐ 3. Delay Signing Consent for Evaluation ☐ 4. Child not eligible at first evaluation ☐ 5. Family missed evaluation appointment ☐ 6. Parental scheduling delay ☐ 7. Other family reasons:_____

B. ☐ 1. Delayed referral from SC to Evaluation Agency ☐ 2. Other provider reasons/Comments:_____

_____

_____

_____

Signature of Evaluation Representative: _____Date: ____ / ____ / _____

Signature of Parent: _____ _____Date: ____ / ____ / _____

Parents must never be asked to sign this form before any delays occur.