

NYC EARLY INTERVENTION PROGRAM

REVISED PROCEDURE AND FORM:

**REASON FOR DELAYED SUBMISSION OF
MULTIDISCIPLINARY EVALUATION**

Completed by Evaluation Provider Agency

Child's EI ID No. _____ Child's D. O. B. : ____/____/____

Child's Name: _____

Name(s) of Evaluation Provider Agency(ies): Los Niños Services, Inc.

Date of Referral to NYC Early Intervention Program: ____/____/____

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

- Child illness.
- Parent illness.
- Other family reasons (please specify): _____
- Referral for evaluation from service coordinator was not received until: ____/____/____
- Delay in determining surrogacy for child in foster care.
- Other reasons/comments:

Signature of evaluation representative: _____/____/____

Signature of parent: _____/____/____

Note: If completion of this form is necessary, it should be submitted to the Regional Office and service coordinator within thirty (30) days of the referral date. A copy should also be attached to the evaluation packet.