



New York City Early Intervention Program Case Closure Form

Child's Name (Last, First):	DOB:	EI#
Effective Date of Closure:	Submission Date:	
SC Name (Last, First):	SC Agency:	
Telephone #:	Fax#:	

I. Early Intervention Program Case Closure

Early Intervention Case Closure Reason (select only one):

*If this form is hand written, the reason for closure must be limited to those in **Appendix A: Closure Reasons and Definitions of Categories**

*If the EI case is being closed at any point after an IFSP has been developed, the Transition to CPSE and Other Transitions pages in NYEIS **must** be completed or updated by the service coordinator before the Closure Form is submitted to the Regional Office.

Parent's Signature: _____

Date: ____ / ____ / ____

Parent is unavailable for signature. Explain below:

Note: If the parent is unavailable for signature, attach the SC notes, certified letter (if applicable) and certified label (if applicable) to NYEIS documenting unsuccessful contact attempts and parent availability issues. Parent's signature is not necessary in cases of child death. Refer to the **Closure Policy**.

II. Transfer to At-Risk (Developmental Monitoring)

Parent was informed of Developmental Monitoring Services (At-Risk): Transfer to At-Risk Parent objects to referral to Developmental Monitoring

If the case is being transferred to At-Risk/ Developmental Monitoring, select all the Risk Indicators that apply:

Gestational age less than 33 weeks	NICU stay of ten (10) days or more	CNS insult/abnormality	Asphyxia
Abnormalities in muscle tone	Birth weight less than 1501 grams	Presence of Inborn Metabolic Disorder	Maternal prenatal alcohol abuse
Congenital malformations	Hepatitis B	Homelessness	Hyperbilirubinemia
Hypoglycemia	Perinatally or congenitally transmitted infection	Maternal prenatal abuse of illicit substances	Prenatal exposure to therapeutic drugs
Suspected hearing impairment	Suspected vision impairment	Maternal age less than 16 years	Respiratory distress
Parental developmental disability or mental illness	Parental substance abuse	Maternal PKU	Suspect score on developmental/sensory screening
Maternal education less than High School	No prenatal care	Parent- infant bonding difficulties	Parental or caregiver concern about developmental status
Parent difficulty with parenting functions	Serious illness or traumatic injury with implication for CNS	Growth deficiency/nutritional problems	Elevated venous blood lead level (above 19 mcg/dl)
Chronicity of Serous Otitis Media	Absence of Primary Health Care (by six months of age)	Child abuse or maltreatment	Domestic violence
Foster care placement	HIV infection		

Select other risk criteria: No well child care by age 6 months No prenatal care Parental substance abuse Parental developmental disability or mental illness