



**NYC EARLY INTERVENTION PROGRAM
REQUEST FOR SUPPLEMENTAL EVALUATION**

Child's EI ID Number: _____ Child's DOB: _____

Name of Child: _____
Last First MI

Name of SC: _____ SC ID #: _____

Phone #: _____ Fax #: _____

Dear Early Intervention Official Designee:

I am requesting the following supplemental evaluation (one request per form):

Audiological	Occupational Therapy	Psychological
Special Instruction	Physical Therapy	Speech Therapy
Other (specify):		

I give consent to the use of the above evaluation to plan for my child's services within the NYC Early Intervention Program. I understand that I will be involved in all aspects of my child's evaluations and IFSP planning and that I am entitled to receive the results of all evaluations.

Signature of Parent/Guardian Date: ____/____/____

Parent Reason for Request (When request is not being made by an interventionist on the child's Team):

The child's Interventionist must answer the following questions and submit this form with the supplemental request letter on agency letterhead:

1. What are the new developmental concerns?
2. How do these concerns warrant a supplemental evaluation at this time?
Address: The expected developmental progress for this child of this developmental age
3. What is the observable change in the child's developmental status since the child's MDE or last IFSP? (it is expected that the requesting interventionists review the child MDE and last IFSP, as applicable)

REQUEST FOR SUPPLEMENTAL EVALUATION INSTRUCTIONS FOR COMPLETION

This form is to be completed by the service coordinator or therapist when:

- Authorization for a supplemental evaluation is being requested after the initial IFSP meeting.
- This form should be completed by an interventionist on the child's team.
- This form may be completed by the parent/ guardian with the service coordinator. However, the EI/OD may request additional supporting information. This may include but is not limited to provider Progress Notes or supplemental request letter as described above.

Procedure:

1. Complete the demographic information at the top of the form.
2. Check off which evaluation is being requested. One form is required per supplemental evaluation request.
3. Obtain written parental consent for the supplemental evaluation.
4. When the parent is completing the form, the parent must provide the reason for the request on the form.
5. When the interventionist is requesting a supplemental evaluation, attach this form, and a supplemental request letter on agency letterhead answering each question on this form.
 - a. The interventionist should then forward the form, and letter to the service coordinator.
6. The service coordinator submits the completed Request for Supplemental Evaluation Form, and supplemental request letter as part of an Amendment request as required in the Amendment Policy.
7. Evaluations may be performed **only** after authorization is received in the EI-Hub.
8. When denying the request, the EI/OD will issue Prior Written Notice. Prior Written Notice will be attached to the "referral tab" in the child's case in the EI-Hub.
9. When authorized, the evaluation must be performed within 30 calendar days of the authorization.