



Early childhood specialists  
losninos.com

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**Notice of Gap in Service**

All service providers must notify Los Ninos of any interruption of services of 3 consecutive sessions within 48 hours. Cancellation Session Notes are required along with this form. Form will be forwarded to all participating agencies.

**Child Information**

Child Name: \_\_\_\_\_  
First Name Last Name DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reference Number: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Therapist Information**

Therapist Name: \_\_\_\_\_ Service Type: \_\_\_\_\_

**Gap In Service Details**

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

**Type of Absence and Reason (please check off all that apply below):**

**• Family Driven**

Child Illness  Family Vacation  Family emergency  Other (explain below)

**• Therapist Driven**

Therapist Illness  Therapist Vacation  Therapist emergency  Other (explain below)

**• Circumstances Beyond Providers Control**

Hazardous weather  Civil Emergency  Other (explain below)

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**Important Dates**

Date Services Resumed/Expected: \_\_\_\_\_

Date Service Coordinator Informed: \_\_\_\_\_

Date Parent Informed of Clinician Absence: \_\_\_\_\_  Not Applicable

**Note: Vacations or Extended absences on behalf of Therapist must be informed at least 5 days prior to start.**