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

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>DOB:</th>
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<tbody>
<tr>
<td>EI Number:</td>
<td>Date of Referral to EI: / /</td>
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**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:


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.