

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES DIVISION OF SERVICES FOR CHILDREN
WITH DISABILITIES - EARLY INTERVENTION PROGRAM

ONGOING SERVICE COORDINATOR PROGRESS REPORT

Child's Name: _____ DOB: _____

IFSP Effective Dates: _____ EIOD: _____

Services child is currently receiving? (Indicate changes in IFSP during the current IFSP period
i.e. services, service providers, location of services AND services a child is authorized for that they
are not receiving and why)

Please provide reasons for late services or gaps in services and what you are doing to address this?
(Parent scheduling conflict, provider capacity, etc.)

Status of transition to CPSE.

Ongoing Service Coordinator Name

Ongoing Service Coordinator Signature

Agency

Date