



EVALUATION INVOICE - W2 Hourly

Month _____ Year _____

Name of Evaluator: _____

Child's Name: _____ DOB: _____ NYEIS# (EI only): _____

Evaluation Type	Program (EI / CPSE / CSE)	Evaluation Date	Rate (Bilingual / Mono)
Psychological Evaluation			
Social History			
Educational Evaluation			
PT Evaluation			
ST Evaluation			
OT Evaluation			
Functional Vision Evaluation			
Other: please specify _____			

If translator is present for evaluation, rate is monolingual.

Grand Total: _____

Below is for official use only:

Approved by: _____ Date: _____