

**NYC EARLY INTERVENTION PROGRAM
ASSISTIVE TECHNOLOGY INFORMATION EXCHANGE FORM**

AT Agency Coordinator: Ensures that this form is completed by the Individual Rendering Provider that is providing oversight on an assistive technology device (ATD) if he/she will no longer be providing EI services to the child and family. This form ensures that critical information about the child and family's use of an ATD is communicated to the new Individual Rendering Provider.

- The Individual Rendering Provider must complete this form, along with their last session note for this child.
- The AT Agency Coordinator must send this form to the child's Service Coordinator no later than **two (2) business days** after the Individual Rendering Provider's last session with the child.
- Service Coordinators must attach this form to the child's Integrated Case in NYEIS within **two (2) business days of receipt**. They must also notify both the NYC ATU (via email) and the provider agency of the new Individual Rendering Provider that the form has been attached to the child's Integrated Case in NYEIS.

Child's Name (Last, First):	EI #:	DOB:
Individual Rendering Provider:	Credentials:	
Provider Agency:	Phone #:	
Source of Device(s): <input type="checkbox"/> Vendor <input type="checkbox"/> Dispensary		
Category of ATD and exact name:		
Answer the questions below to describe how the ATD is being used with the child and family:		
1. IFSP outcomes related to ATD use that have increased, maintained or improved the functional outcomes of this child.		
2. How is the ATD being used? a. Schedule of use: b. Routine activities in which the device has been and is currently being used: c. Location(s) of use: d. Caregivers who have been trained on the use of the ATD:		
3. Describe any precautions related to the safe use of the ATD as it relates to the child's unique needs:		
4. Additional information (optional):		
Parent/Caregiver Signature: _____		Date: ____/____/____
Individual Rendering Provider Signature: _____		Date: / /

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GENERAL DIRECTIONS

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- The Individual Rendering Provider must complete this form, along with their last session note for the child.
- The AT Agency Coordinator must send this form to the child's Service Coordinator no later than **two (2) business days** after the Individual Rendering Provider's last session with the child.
- Service Coordinators must attach this form to the child's Integrated Case in NYEIS within **two (2) business days** of receipt. They must also notify both the NYC ATU (via email) and the provider agency of the new Individual Rendering Provider that the form has been attached to the child's Integrated Case in NYEIS.

Child's name, EI #, DOB	Make sure that all identifying information is correct. The EI # is the number that appears at the top of the Child Homepage in NYEIS. Information must match NYEIS (do not use a nickname).
Individual Rendering Provider name, discipline, and provider agency	Print the name, discipline (e.g., speech therapist, special educator), and provider agency of the Individual Rendering Provider who is completing the form.
Source of ATD	Check the appropriate option to identify if the item was obtained through a Vendor or Dispensary.
Category of ATD and exact name	Provide the category (e.g., seating, stander) and full brand name and model of the ATD received.
IFSP functional outcomes that ATD use increased, maintained or improved	List all of the functional outcomes from the child's current IFSP that are facilitated or improved by use of the device.
How is the ATD being used? a) Schedule of use b) Routine activities in which the device has been/is being used c) Location(s) of use d) Caregivers who have been trained on the use of the ATD	Describe how the device has been used with the child, and identify the caregivers who have been trained on the use of the ATD. For example: a. One 30-minute session per day, 7 days a week b. Mealtime and story time c. Home, playgroup d. Mother and father, grandmother, Day Care teacher
Describe any precautions related to the safe use of the ATD as it relates to the child's unique needs	Describe any important safety information. Example: Eric requires a 15 degree backward tilt in his adaptive seating device.
Additional information (optional)	The Individual Rendering Provider may include any additional information for the effective and safe use of the ATD so that the child and family can achieve their outcomes.
Parent/caregiver signature, Individual Rendering Provider signature	The parent/caregiver and the Individual Rendering Provider are required to sign the form.