



70-00 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694 • www.achievebeyondusa.com

### Early Intervention Drop Case Form

**Date:** \_\_\_\_\_

**Therapist Name & Discipline:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **EI#:** \_\_\_\_\_

**Reason (circle one):**

**Scheduling**

**Location**

**Language**

**Other**

**Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

If you have provided at least one session, this form is required to be submitted to the appropriate Case Manager in order to be taken off the case. Services are to be provided for thirty days from above date unless otherwise directed from Case Manager in order for Bilinguals Inc to find a replacement therapist or to request termination of services.