



7000 Austin Street, Suite 200 • Forest Hills, NY 11375 • Tel 718.762.7633 • Fax 718.886.8694

**NYC EARLY INTERVENTION PROGRAM
Request for Additional Evaluation**

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|--|--|---------|--|
| Date of Report: | | | |
| Child's Name: | | | |
| D.O.B.: | | EI ID # | |
| Provider Agency Name: Achieve Beyond Provider ID#: 52100 Name of Interventionist Completing Report: _____ Discipline: _____ Justification's for: _____ | | | |
| 1. Current Functioning (outcomes worked on and met, child's response to services): | | | |
| | | | |
| 2. Concerns/Reasons for Request (explain reason to request and additional evaluation): | | | |
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| 3. Recommendations (rationale for request): | | | |
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| I certify that I have provided the above services in accordance with the frequency ad duration mandated in the IFSP and have worked toward addressing the relevant outcomes set forth in the IFSP. I further certify that my responses in this report are an accurate representation of the child's current level of functioning. Signature of Interventionist completing report: _____ License No. _____ (if certified interventionist, do not indicate certificate number) | | | |