

**NOTIFICATION OF EXTENDED NON-DELIVERY OF SERVICES
EARLY INTERVENTION**

DATE: _____

TO: _____
Name of On-going Service Coordinator

FROM: _____
Early Intervention Provider/ Agency

Provider/ Agency Address

Phone Number

Fax number

Child's Name: _____

Date of Birth: _____

Type of Related Service: _____

Dates of Missed Sessions: Reason(s) for Missed Sessions:

1. _/_/_/___ _____
2. _/_/_/___ _____
3. _/_/_/___ _____
4. _/_/_/___ _____
5. _/_/_/___ _____

Signature of person completing this form: _____

*Please note it is the responsibility of the On-going Service Coordinator to inform EIOD in writing of non-delivery of services.