

1/02/02

**NYC EARLY INTERVENTION PROGRAM**

**REVISED PROCEDURE AND FORM:**

**REASON FOR DELAYED SUBMISSION OF  
MULTIDISCIPLINARY EVALUATION**

**Completed by Evaluation Provider Agency**

Child's EI ID No. \_\_\_\_\_ Child's D. O. B. : \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

Name(s) of Evaluation Provider Agency(ies): Marion K. Salomon & Assoc.

Date of Referral to NYC Early Intervention Program: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate the Reason(s) for Delayed Submission of MDE:

- Child illness.
- Parent illness.
- Other family reasons (please specify): \_\_\_\_\_
- Referral for evaluation from service coordinator was not received until: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Delay in determining surrogacy for child in foster care.
- Other reasons/comments:

Signature of evaluation representative: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of parent: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: If completion of this form is necessary**, it should be submitted to the Regional Office and service coordinator within thirty (30) days of the referral date. A copy should also be attached to the evaluation packet.