New York City Early Intervention Program Case Closure Form

Child's Name (Last, First):	DOB:	EI#
Effective Date of Closure:	**Submission Date:**
SC Name (Last, First):	SC Agency:
Telephone #:	Fax#:

I. Early Intervention Program Case Closure

Early Intervention Case Closure Reason (select only one): Delay/Condition resolved

*If this form is hand written, the reason for closure must be limited to those in **Appendix A: Closure Reasons and Definitions of Categories**

*If the EI case is being closed at any point after an IFSP has been developed, the Transition to CPSE and Other Transitions pages in NYEIS **must be** completed or updated by the service coordinator before the Closure Form is submitted to the Regional Office.

Date: ___ / ___ / ___

Parent's Signature:

☐ Parent is unavailable for signature. Explain below:

Note: If the parent is unavailable for signature, attach the SC notes, certified letter (if applicable) and certified label (if applicable) to NYEIS documenting unsuccessful contact attempts and parent availability issues. Parent's signature is not necessary in cases of child death. Refer to the **Closure Policy**.

II. Transfer to At-Risk (Developmental Monitoring)

Parent was informed of Developmental Monitoring Services (At-Risk): ☐ Transfer to At-Risk   ☐ Parent objects to referral to Developmental Monitoring

If the case is being transferred to At-Risk/ Developmental Monitoring, select all the Risk Indicators that apply:

☐ Gestational age less than 33 weeks	☐ NICU stay of ten (10) days or more	☐ CNS insult/abnormality	☐ Asphyxia
☐ Abnormalities in muscle tone	☐ Birth weight less than 1501 grams	☐ Presence of Inborn Metabolic Disorder	☐ Maternal prenatal alcohol abuse
☐ Congenital malformations	☐ Hepatitis B	☐ Homelessness	☐ Hyperbilirubinemia
☐ Hypoglycemia	☐ Perinatally or congenitally transmitted infection	☐ Maternal prenatal abuse of illicit substances	☐ Prenatal exposure to therapeutic drugs
☐ Suspected hearing impairment	☐ Suspected vision impairment	☐ Maternal age less than 16 years	☐ Respiratory distress
☐ Parental developmental disability or mental Illness	☐ Parental substance abuse	☐ Maternal PKU	☐ Suspect score on developmental/sensory screening
☐ Maternal education less than High School	☐ No prenatal care	☐ Parent- infant bonding difficulties	☐ Parental or caregiver concern about developmental status
☐ Parent difficulty with parenting functions	☐ Serious illness or traumatic injury with implication for CNS	☐ Growth deficiency/nutritional problems	☐ Elevated venous blood lead level (above19 mcg/dl)
☐ Chronicity of Serous Otitis Media	☐ Absence of Primary Health Care (by six months of age)	☐ Child abuse or maltreatment	☐ Domestic violence
☐ Foster care placement	☐ HIV infection		

Select other risk criteria: ☐ No well child care by age 6 months   ☐ No prenatal care   ☐ Parental substance abuse   ☐ Parental developmental disability or mental Illness