**5-day Therapist’s Notification of**

**Upcoming Interruption in Services**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To EI Monitoring Department:

This is to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ services will not be provided

 *(Type of Service)*

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, From \_\_\_/\_\_/\_\_\_ To \_\_\_/\_\_/\_\_\_

 (*Child’s Name)*

on following dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will **resume on** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

due to:

 Therapist Vacation - Substitute Offered: \_\_Y/N; Parent Accepted \_\_\_Y/N

 Family Vacation - (NO Make-ups will be provided as per NYCEIP Policy)

 Conference Child Absence (Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Training Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent/guardian has been notified of this interruption in services. The make-up policy has been reviewed with the family. Make-ups will be provided as per NYSDOH and NYCEIP regulations.

Therapist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials/License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_