

# JUSTIFICATION LETTER

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s EI ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Request for Supplemental Evaluation:

\_\_\_\_ST\_\_\_ OT\_\_ PT\_\_\_ Psych \_\_\_SI \_\_\_Nutrition \_\_\_ Audio \_\_\_Other\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What are the new Developmental Concerns**?
2. **How do these concerns warrant a Supplemental Evaluation stated above at this time** (Address: The expected developmental progress for this child of this developmental age)
3. **What is the observable change in the developmental status since the child’s MDE or last IFSP?** (Please note: NYCDOH-EIP expects that the requesting interventionist reviews the child’s MDE and last IFSP, as applicable)

Interventionist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interventionist’s Credentials:\_\_\_\_\_\_\_\_

Interventionist’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Supervisor’s Name: (for COTA/CF) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_