**Late Start in Service / GAPS in Service / Planned Absence Notification**

\*Please forward this completed form within 24 hours of missing more than 3 unplanned consecutive sessions; **or** 2 weeks of no sessions **or** at least 1-2 weeks before planned time off **or** after 1st session for late starts\*

Child Name: EI#:

Provider Name:

Service Type: [ ] ST [ ] SI [ ] ABA Frequency of Service: \_\_\_\_\_x\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete when service starts more than 14 days after the authorization date:**

Authorized Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Actual Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for late start: [ ] Unable to reach parent [ ] Scheduling difficulty with parent

[ ] Family vacation [ ] Child illness [ ] Provider vacation [ ] Provider illness [ ] Difficulty obtaining Prescription [ ] Other Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete when there are GAPS in service:**

Dates of the 3 or more consecutive missed sessions: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for missed service – **provider driven**: [ ] Illness [ ] Inclement Weather

[ ] Personal Emergency [ ] Other Reason

Reason for missed service – **family driven**: [ ] Vacation [ ] Illness [ ] Inclement Weather

[ ] Personal Emergency [ ] No Response at Door or on Phone [ ] Other Reason

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

**Please complete when there are planned absences by the provider:**

Dates of planned absence: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for planned absence – [ ] Vacation [ ] Professional Conference [ ] Religious Holiday [ ] Medical

Was the parent/guardian notified at least 5 days in advance for planned absence? [ ] Yes [ ] No

1. What date was parent notified? \_\_\_\_/\_\_\_\_/\_\_\_\_

Was a replacement provider offered to the parent/guardian? [ ] Yes [ ] No

Was make-up policy reviewed with the parent/guardian? [ ] Yes [ ] No

Were make-up sessions scheduled with parent/guardian? [ ] Yes [ ] No

**Reminder -** Make-up sessions may **only be provided within 2 weeks** of a missed session. Make-up sessions cannot be provided on the same day as the regular session of the same type of service or if it will be the 4th session of the day. Make-up sessions may not take place in advance of a missed session or for missed sessions that occur because a service did not start within two weeks of the IFSP. Make-up sessions are not allowed for sessions missed due to family vacation.

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

Provider’s Signature Date

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

[ ]  Form Uploaded to NYEIS on \_\_\_\_/\_\_\_\_/\_\_\_\_ by agency staff member and filed in child’s record.

[ ]  OSC informed on \_\_\_\_/\_\_\_\_/\_\_\_\_ (within 24 hours of a GAP)