

Rockland County DOH Early Intervention Program Service Log

Child's Name:		DOB:	NYEIS ID#:
Service Delivered:	NYEIS Service Authorization #:		
Agency:	Teacher / Therapist:		Month/Year:

Date of Service	Make-Up (Y/N)	CO-visit (Y/N)	Start Time	End Time	Signature of Parent/Guardian who participated	Date Signed

MAKE-UP SESSION INFORMATION GRID

Date of Missed Session	Make-up Date	Reason for Absence	Date of Missed Session	Make-up Date	Reason for Absence