



NEW JERSEY EARLY INTERVENTION SYSTEM SERVICE ENCOUNTER VERIFICATION FORM

Service Provider Agency Name			LOA or Grant No.			Month/Year		
Service Coordinator Last Name			Service Coordinator First Name			County		
Practitioner Last Name			Practitioner First Name			Discipline/Position Title		
Child's Last Name		Child's First Name		MI	DOB		Child ID#	

Service Date	Service Status	Service Type	Service Location	Start Time	End Time	Total Time	Parent/Caregiver Signature Verifying Services Received

IMPORTANT: The parent/caregiver must never provide a signature if the information is blank, incomplete or inaccurate and should contact the EIP Agency Administration, Service Coordinator or NJEIS Procedural Safeguards Office (877-258-6585) if there are questions or concerns. Service total time is reported to the nearest 15 minutes.

I certify that the above services were provided in accordance with the child's IFSP.

Practitioner Signature	Date
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Service Type Code

EV- Evaluation AS - Assessment IFSP- Meeting AU- Audiology DI- Developmental Intervention FT- Family Training HS- Health Service	MS- Medical Service NU- Nursing NT- Nutrition OT- Occupational Therapy PT- Physical Therapy PSY- Psychological SLP- Speech/Language Therapy	SW- Social Worker VI- Vision CC- Child Care/Respite I/T- Interpreter/Translator E/S - Escort/Security TPC- Transition Planning Conference
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Service Status	Service Location Codes
1-Ongoing IFSP Service 2-Practitioner Missed/Cancelled (inc weather related) 3-Family Missed/Cancelled (inc weather related) 4-Make-up Service Provided 5-Compensatory Service Provided	1-Home 2-Inclusive Community EC Program 3-Inclusive EIP EC Program 4-EC Program-Children with Disabilities 5-Hospital (Inpatient) 6-Residential Facility 7-Service Provider Clinic/Center/Office