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## NEW JERSEY EARLY INTERVENTION SYSTEM SERVICE ENCOUNTER VERIFICATION FORM

Service Provider Agency Name						LOA or Grant No.					Month/Year				
Service Coordinator Last Name Serv					Service	vice Coordinator First Name					County				
Practitioner Last Name				Practit	Practitioner First Name				Discipline/Position Title						
Child's Last Name Child's				First Naı	me	MI	DOB		Chil	d ID#					
Service Date	Service Status	Service Type		vice cation	Start Time	End Time	Total Time		Parent/Caregiver Signature Verifying Services Received						
			<u>.                                    </u>												
			i												
			ı												
IMPORTANT: The parent/caregiver must never provide a signature if the information is blank, incomplete or inaccurate and should															
		y Administrat Service total						ral Safegu	ards Office	(877-	258-6585) if there are				
questions		ertify that th						cordance	e with the	child'	s IFSP.				
Practitioner Signature								Da	ate						
Service Type Code															
EV- Eval	 luation		$\overline{}$	IS- Med	lical Service			SW- Soc	ial Worker						
AS - Assessment N			IU- Nur	sing			VI- Vision								
_				T- Nuti	rition cupational [	Therany			ild Care/Re erpreter/Tra	r					
				sical Thera				scort/Securi							
			chological				TPC- Transition Planning Conference								
•					ech/Langua	ch/Language Therapy				aatiar	Codos				
Service Status						,	Service Location Codes  1-Home								
1-Ongoing IFSP Service 2-Practitioner Missed/Cancelled (inc weather related)							2-Inclusive Community EC Program								
3-Family Missed/Cancelled (inc weather related)							3-Inclusive EIP EC Program								
<ul><li>4-Make-up Service Provided</li><li>5-Compensatory Service Provided</li></ul>						4-EC Program-Children with Disabilities 5-Hospital (Inpatient)									
							6-Residential Facility								

NJEIS Form-020 October 9, 2015