

New York City Early Intervention Program
Parent Consent for the Use of an Interventionist with a Formal Plan of Supervision

Child's Name:	Child's NYEIS Reference Number:
Parent Name:	Parent Phone:
OSC Agency:	OSC Phone:
OSC Name:	OSC NPI#:
Service Provider Agency: Amerimed Early Intervention Program	
Name of Supervisor:	
Supervisor NPI#:	Agency Phone: 718-339-4000

(Agency Name) Amerimed EIP will provide Early Intervention services using

(Interventionist Name) _____ with the following credentials or area of study

(Check one): ☐ *Physical Therapy Assistant* (PTA) ☐ *Certified Occupational Therapy Assistant* (COTA)

☐ *Speech Pathologist in clinical fellowship year* (CFY) or *student/intern enrolled in a university program in the following area of study* (**check one**) ☐ physical therapy ☐ occupational therapy ☐ speech therapy ☐ audiology ☐ psychology ☐ social work

This interventionist requires a formal plan of supervision. The plan of supervision has been approved by the NYC bureau of Early Intervention Supervision will be provided by an experienced provider licensed by New York State. Under the Plan of Supervision, the supervisor will (**Check all that Apply**):

☐ Attend initial session with child, parent, and interventionist to observe the child and family in routine activities, discuss family priorities, set goals in line with functional outcomes developed at the Individualized Family Service Plan (IFSP) meeting, and plan intervention using and approach that will enable the family to support the child's development during routine activities.

☐ Maintain ongoing involvement in the care provided, and review the need for ongoing services. Regularly observe early intervention services to ensure overall quality, and to ensure overall quality, and to ensure parent/caregiver feedback is incorporated into intervention. Observations will be conducted (number of times per week): _____

☐ Regularly review session notes, quarterly progress reports, and justifications for change in frequency, intensity or method of service, and assistive technology request forms.

☐ Co-sign session notes, quarterly progress notes, and justifications for change in frequency, intensity or method of service, and assistive technology request forms.

☐ Attend final intervention session for purposes of discharge planning.

☐ Other:

The following service type authorized by my child's IFSP will be provided by an Interventionist with a formal plan of supervision:

☐ physical therapy ☐ occupational therapy ☐ speech therapy ☐ audiology ☐ psychology ☐ social work

NYEIS service authorization reference number associated with plan of supervision _____

I, (**Parent's name**) _____, parent/guardian of (**Child's Name**) _____, consent to provision of service indicated above by an interventionist working under a formal Plan of Supervision.

Parent Signature: _____ Date: _____

I, (OSC name) _____, OSC for (Child's name) _____, have been informed of the provision of the service indicated above by an interventionist working under a formal plan of supervision.

OSC Signature: _____ Date: _____

Procedure:

1. The plan of Supervision must be provided to the parent and OSC, and their written agreement must be obtained prior to using an Interventionist working under a Plan of Supervision.
2. The OSC will attached the completed consent form to the child's integrated case in NYEIS.