



# NEW JERSEY EARLY INTERVENTION SYSTEM SERVICE ENCOUNTER VERIFICATION FORM

Service Provider Agency Name			Practitioner Last Name		Practitioner First Name		Discipline/Position Title		Month/Year	
Child's Last Name			Child's First Name		MI	DOB		County		Child ID#
Service Date	Service Status	Service Type	Service Location	Start Time	End Time	Total Time	Parent/Caregiver Signature Verifying Services Received		Verification	

**IMPORTANT: The NJEIS has a responsibility to ensure the verification of services received. The use of this form is to be utilized for the verification of services provided by the NJEIS. Signatures may be acquired by text message or email. The signed form will be maintained by the individual practitioner for inclusion in the child's record.**  
**The parent/caregiver must never provide a signature if the information is blank, incomplete or inaccurate. If the information is inaccurate, this may be addressed by contacting the EIP Agency Administrator, Service Coordinator or the NJEIS Procedural Safeguards Office (877)258-6585.**

**I certify that the above services were provided in accordance with the family'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 Work VI- Vision CC- Childcare/Respite I/T- Interpreter/Translator ES- Escort/Security TPC- Transition Planning Conference
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Service Status	Service Location
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- Residential Facility 3- Service Provider Clinic/Office 4- Hospital (Inpatient) 5- EC Program- Children with Disabilities 6- EC Program- Inclusive Community 7- DCP&P Office 8- Phone/Video Conferencing