

New York City

Early Intervention Program

The Earlier, The Better



CLINICIANS' GUIDE: The Early Intervention Program in New York City

Ages Birth to 3

NYC
Health



As a clinician, you know that routine developmental screening and surveillance of your youngest patients helps identify disorders as early as possible. Children with developmental disorders can be referred to the **New York City Early Intervention Program (EIP)** for evaluation for services—but referral is not the end of the process. Throughout your patient's participation in the program, your involvement remains key to his or her success. This brief guide is intended to help you navigate the process leading to EIP referral, as well as everything that follows.

Resources:

- [Identifying Infants and Young Children with Developmental Disorders in the Medical Home \[1\]](#)
- [NYC Early Intervention Program Policy and Procedure Manual \[7\]](#)

Background

- ⊗ Identifying developmental disorders early is critical to young children's well-being.
- ⊗ Identification includes screenings at specific ages, and when you or the child's parent/caregiver has a concern.
- ⊗ Early Intervention services are available for a wide range of developmental disorders.
- ⊗ Children can be referred directly to the New York City EIP by you, a parent, a child care provider or anyone who suspects that a child has a developmental delay. New York State Public Health Law requires that qualified personnel refer the child directly to the EIP within two business days of identifying the possible disability or delay (NYCRR10, subpart 69-4.3).
- ⊗ The New York City Health Department oversees the City's EIP.
- ⊗ Recommendations in this guide are based on the American Academy of Pediatrics (AAP) and New York State Department of Health guidelines and other noted sources.

Algorithm A:

Your Role **Before** Referral to Early Intervention

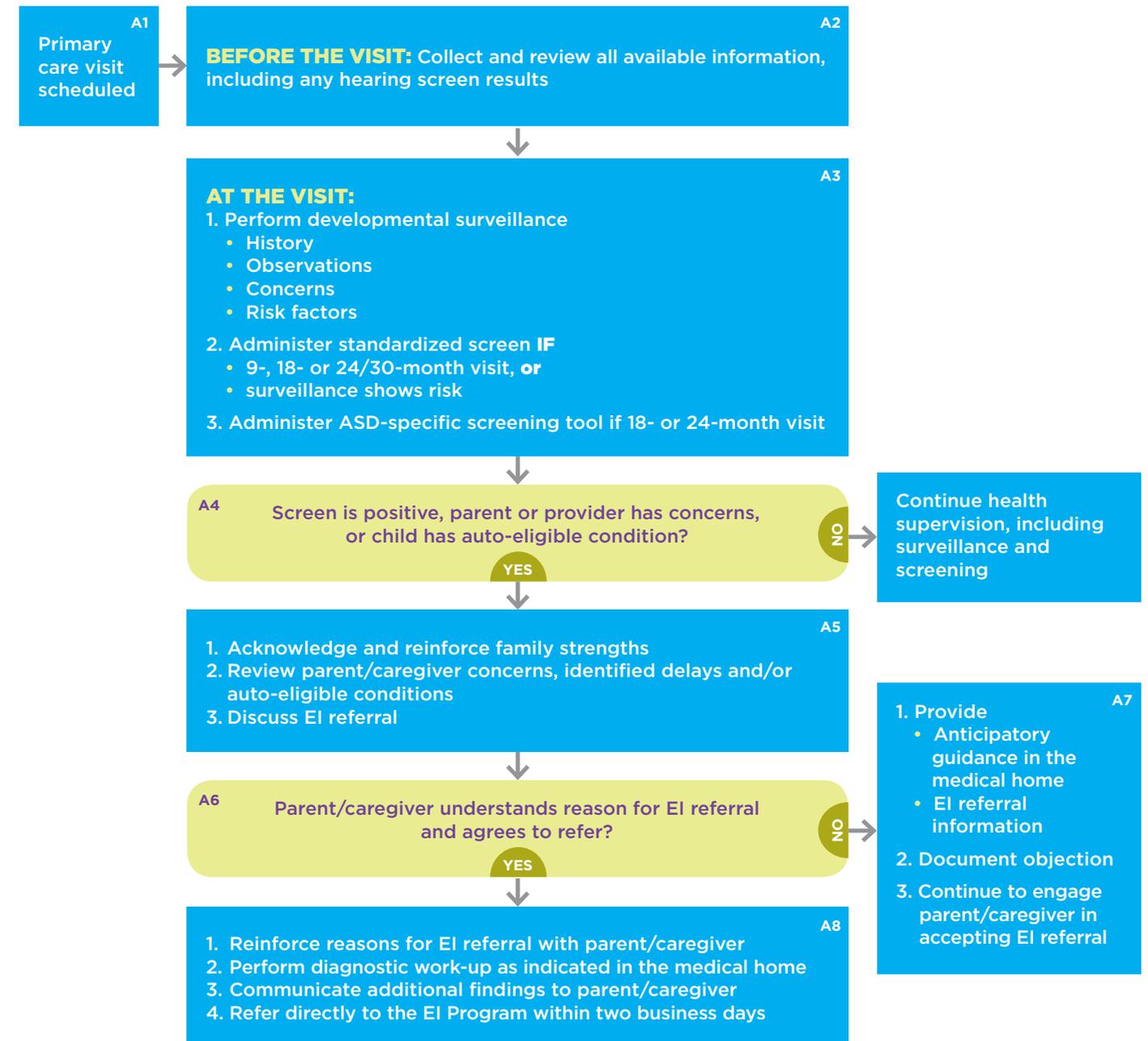
KEY

 : Decision point

 : Your role

ASD: Autism Spectrum Disorder

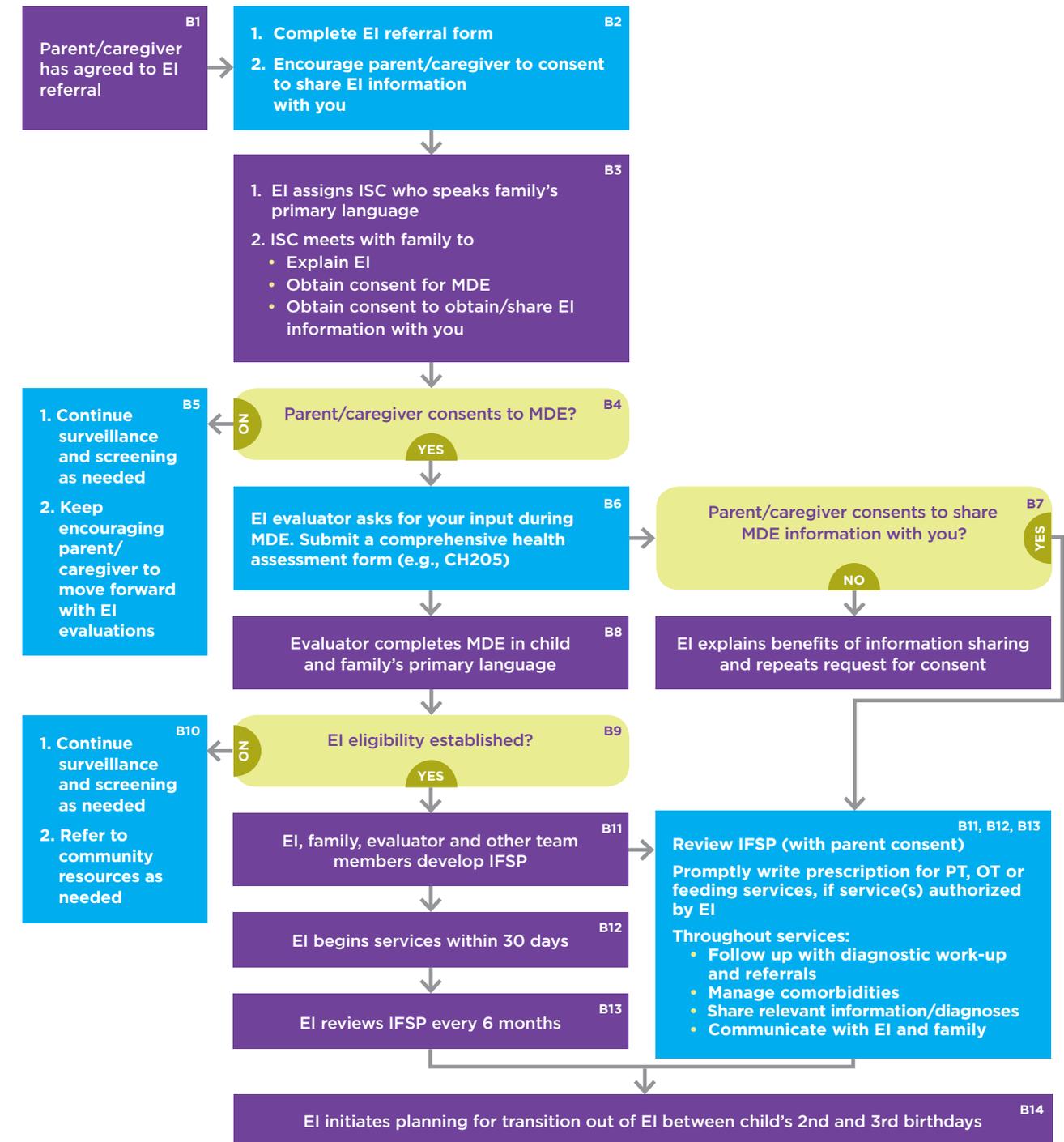
EI: Early Intervention



Algorithm B:

Your Role **After** Referral to Early Intervention

KEY	
 : Decision point	ISC: Initial service coordinator
 : Your role	IFSP: Individualized family service plan
 : EI role	MDE: Multidisciplinary evaluation
EI: Early Intervention	PCP: Primary care provider



Acronyms and Definitions

New York City's Early Intervention Program (EIP) uses special terminology. Common acronyms and other titles include:

ASD: Autism Spectrum Disorder

Auto-eligible condition: Diagnosed condition that makes a child automatically eligible for the EIP due to a high probability of developmental delay (e.g., Down syndrome, extremely low birth weight, cerebral palsy)

Committee on Preschool Special Education (CPSE) and Committee on Special Education (CSE): Programs within the New York City Department of Education that oversee special education services for children with delays or disabilities ages 3 to 5 (CPSE) and older than 5 (CSE)

Developmental Monitoring (NYC)/Child Find (other counties): An EIP unit that monitors children who are referred because they are at risk of developmental delays. The unit works with families to screen children for delays, and refers children to the EIP if screening indicates that an evaluation is needed.

EIOD: Early Intervention Official Designee. EIODs are EIP employees who conduct IFSPs (defined below) and authorize services.

EIP: New York City's Early Intervention Program

IEP: Individualized Education Program. This is a special education plan for a New York City public school student with learning disabilities and/or other chronic medical or developmental disorders.

IFSP: Individualized Family Service Plan. This plan is developed collaboratively in a meeting with the family, EIOD, evaluator, interventionist and others. It contains all the details about the child's developmental goals and which Early Intervention services he or she will need, and is personalized for each child and family.

ISC: Initial Service Coordinator. This individual is assigned by the EIP to work with the family after a child is referred to the EIP. The ISC explains the EIP and helps the family through the evaluation process.

MDE: Multi-disciplinary evaluation. This evaluation establishes a child's eligibility for the EIP. At least two different professionals evaluate the child's current developmental functioning in five domains: physical, cognitive, communication, social-emotional and adaptive.

“Medical Home”: The medical provider(s) who regularly care for the child during routine check-ups or when the child is sick. (Note: This manual is intended for the primary clinician treating the child. The “medical home” is a key participant in the EI process and will frequently be consulted throughout the process.)

OSC: Ongoing Service Coordinator. This individual helps the family access EI services after the IFSP has been approved.

OT: Occupational Therapy. One of the services provided through the EIP.

PT: Physical Therapy. One of the services provided through the EIP.

SI: Special Instruction/Education. One of the services provided through the EIP.

ST: Speech Therapy. One of the services provided through the EIP.

Screening: The use of a standardized tool to identify and define a recognized risk and the need for further assessment

Surveillance: The informal process of monitoring children for developmental problems



Algorithm A:

Your Role **Before** Referral to Early Intervention

Algorithm A shows your involvement in the steps leading to Early Intervention (EI) referral. Please consult it as you review these steps.

Your role is **bolded blue**.

A **yellow box** indicates a decision point.

A1 & A2

Pre-visit

Collect and review available patient information.

Review all available patient information, including hearing screenings and reports from other providers or individuals involved in the child's care or home/family life (e.g., the Administration for Children's Services, Nurse-Family Partnership). Before the child's scheduled visit, check for indications that he/she has an auto-eligible condition or a positive screen that warrants an EI referral.

Resources:

- [Identifying Infants and Young Children with Developmental Disorders in the Medical Home \[1\]](#)
- [Birth to Five: Watch Me Thrive \[2\]](#)
- [Bright Futures \[3\]](#)
- [Early Hearing Detection and Intervention \(EHDI\) \[4\]](#)
- [Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status Based on Diagnosed Conditions with High Probability of Developmental Delay \[5\]](#)

A3**At the visit, perform developmental surveillance or administer a standardized screen.**

- ⦿ Ask the parent/caregiver if there are any concerns about the child's learning, behavior or development.
- ⦿ Observe the child for age-inappropriate behaviors, lack of developmentally appropriate skills or other indications of developmental delay.
- ⦿ Document the process and findings.
- ⦿ If the visit is a 9-, 18- or 24/30-month visit, or if surveillance indicates risk, administer standard screen, as per AAP recommendations.
- ⦿ If the visit is an 18- or 24-month visit, administer autism spectrum disorder (ASD)-specific tools, as per AAP recommendations.

If the 30-month visit is not reimbursable by third-party insurance, a developmental screening should be performed at 24 months of age.

Resources:

- [Identifying Infants and Young Children with Developmental Disorders in the Medical Home \[1\]](#)
- [Birth to Five: Watch Me Thrive \[2\]](#)
- [Bright Futures \[3\]](#)
- [Child Health and Development Interactive System \(CHADIS\) \[6\]](#)

A4**Decide if screening tools are positive, if clinical or parental concerns are present, or if the child has an auto-eligible condition.**

- If yes, proceed to A5, and discuss with the parent/caregiver.
- If no, continue health supervision and surveillance.

Resources:

- [Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status Based on Diagnosed Conditions with High Probability of Developmental Delay \[5\]](#)

A5**Reinforce family strengths. Review parent/caregiver concerns, identified delays and/or auto-eligible conditions. Discuss EI referral.**

- ⦿ Emphasize the parent/caregiver's effort, skills and dedication. Make note of the child's individual skills with the parent/caregiver, such as smiling, eye contact, sharing toys or food, showing affection, etc.
- ⦿ If the parent/caregiver's or your concerns and/or the results of targeted screening suggest that an EI referral is needed, discuss this with the child's parent/caregiver.
- ⦿ If a child is diagnosed with an auto-eligible condition, the child is eligible for the EI program based on one or more specific medical conditions. If this is the case, discuss an EI referral with the parent/caregiver.

Resources:

- [NYC Early Intervention Program Policy and Procedure Manual \[7\]](#)
- [Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status Based on Diagnosed Conditions with High Probability of Developmental Delay \[5\]](#)

A6**Parent/caregiver decides whether to accept referral to EI.**

The EIP is a voluntary program. The EIP evaluation process cannot be initiated without the consent of the parent or legal guardian.

- If parent/caregiver agrees to referral, proceed to A8.
- If parent/caregiver does not agree to referral, proceed to A7.

A7**Parent refuses referral:****Provide anticipatory guidance in medical home, give follow-up information on EI, document parent/caregiver objections, and continue to engage parent/caregiver in accepting referral.**

The parent/caregiver may choose not to proceed with an EI referral. EI is a voluntary program. In this case:

- ⦿ Explore the parent/caregiver's concerns and reluctance.

- ⦿ Continue to provide developmental surveillance, anticipatory guidance and referrals to community services if needed.
- ⦿ Because the child can be referred to EIP at any point, give the parent/caregiver information about how to refer to the EIP should he or she later decide to proceed.
- ⦿ Follow up with the parent/caregiver within two months.

Resources:

- [Reissued Early Intervention Memorandum 94-3: Referral Procedures \[8\]](#)

A8

Parent agrees to referral:

Reinforce reasons for EI referral with the parent/caregiver, perform diagnostic work-up as indicated in the medical home, and communicate results of any work-up to the parent/caregiver.

- ⦿ Refer child to other pediatric specialist(s) as needed. (These might include audiology/ENT for a child with language delay, pediatric neurology for a child with low muscle tone/delayed motor skills, GI for feeding issues, genetics for possible syndrome identification, ophthalmology for vision impairment, audiology for hearing impairments, or developmental pediatrics.)
- ⦿ Tell parents about the results of any additional medical work-up.
- ⦿ **Either the parent or you can make the referral to the EIP.**
- ⦿ **Proceed to Algorithm B.**

Resources:

- [Comprehensive Evaluation of the Child with Intellectual Disability or Global Developmental Delays \[9\]](#)
- [Evaluation of the Child with Global Developmental Delay \[10\]](#)
- [Motor Delays: Early Identification and Evaluation \[11\]](#)



Algorithm B:

Your Role **After** Referral to Early Intervention

Referral is not the end of your role in Early Intervention. You will be asked for information and/or input at key stages of the process, and your participation is critical.

Your role is **bolded blue**.

The Early Intervention Program's role is **bolded purple**.

A **yellow box** indicates a decision point.

B1 & B2

After the parent/caregiver agrees to EI referral:

Complete the EI referral form and submit it directly to the EIP. Encourage the parent/caregiver to consent to share information with you.

- ⊗ You can make the referral, or someone else can make it. An EI referral can be made by fax, phone or in person by anyone involved with the child, including a parent or relative, primary care provider, social worker, day care worker, etc.
- ⊗ The referral form requests a "diagnosis," but the concern prompting the referral, such as "speech delay," is sufficient.
- ⊗ If the child has an auto-eligible condition (e.g., Down syndrome, extremely low birth weight, cerebral palsy), identify the diagnosed condition on the referral form.

- ⌚ At the time of referral, encourage the parent/caregiver to consent to share EI information with you, including contact information for the child's Initial Service Coordinator (who will be assigned by the EIP).
- ⌚ The EIP has 45 calendar days from the date of referral to evaluate a child, and, if the child is found eligible, to convene an Individualized Family Service Plan (IFSP) meeting.

Resources

- [NYC Early Intervention Program Referral Form \[12\]](#)

B3 EI assigns an Initial Service Coordinator (ISC) who speaks the family's primary language. The ISC meets with the family to explain EI and obtain parental consents.

- ⌚ After receiving the referral, the EI Regional Office assigns an ISC.
- ⌚ The ISC contacts the parent/caregiver, explains the EI program and family rights, obtains all needed consents and gathers insurance information.
- ⌚ The ISC talks to the family about their concerns, priorities and resources. The ISC also helps the family choose the agency to conduct the multidisciplinary evaluation to find out whether the child is eligible for services.

B4 The parent/caregiver decides whether to consent to the EI multidisciplinary evaluation (MDE).

The MDE is conducted in the child's primary language and only if the parent/caregiver consents. It determines whether the child is eligible for EI services.

- If the parent/caregiver does not consent, proceed to B5.
- If the parent/caregiver does consent, proceed to B6.

B5 Parent/caregiver refuses the MDE: Continue health supervision, including surveillance and screening. Encourage the parent/caregiver to move ahead with EI evaluations.

- ⌚ Perform developmental surveillance and/or screening at every primary care visit.

B6 Parent/caregiver agrees to the MDE:

The EI evaluator will ask you for medical information about the child.

- ⌚ If you have not already done so, it is important to give the evaluator a completed health assessment form (such as the CH205 form).

Resources

- [CH205: Child & Adolescent Health Examination Form \[13\]](#)

B7 The parent/caregiver will also decide whether to consent to share information from the MDE with you.

- ⌚ The EIP cannot legally share information without parental consent, under the federal Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99) and New York State Public Health Law (Article 25, Title II-A, § 2549 (8) (a)).
 - Whether or not the parent/caregiver consents to share information with you, the EIP process continues.
 - If the parent/caregiver refuses consent, the EIP will repeat the request and explain the benefits of your involvement in the process. Still, the final choice belongs to the parent/caregiver.

B8 EI evaluators complete MDE in child's primary language.

The MDE includes:

- ⌚ A health assessment, including vision and hearing screening. **As indicated in B6 and B7, you should complete a form (such as the CH205 form), which captures all the necessary information.**
 - A review of any records that may be helpful (with parent/caregiver permission).
- ⌚ An assessment of the child's strengths and needs in each area of development (physical, cognitive, communication, social-emotional and adaptive development) along with specific evaluations of the area(s) of concern.
- ⌚ An interview with the parent/caregiver about his/her child and concerns.

B9**EI eligibility is determined by the EI team performing the MDE.**

- ⦿ The MDE team also assesses the child’s and family’s strengths and needs and how Early Intervention services can help.
- ⦿ The MDE should be completed within 30 calendar days of a child’s referral to the EIP.
- ⦿ A child with an auto-eligible condition will still need a multidisciplinary evaluation to help plan for services.
- ⦿ If the child has a delay in development—and no diagnosed condition—the MDE will determine if the child is eligible for the EIP. The child’s developmental levels will be measured according to the “definition of developmental delay” set by New York State.

How the MDE Is Used to Decide Eligibility

Developmental delay means that a child has not attained developmental milestones expected for the child’s age (adjusted for prematurity) in one or more of the following functional areas: cognitive, physical (including vision and hearing), communication, social-emotional and adaptive development. For the purposes of the EIP, a developmental delay is one that has been determined by qualified personnel using a combination of informed clinical opinion, appropriate diagnostic procedures and/or standardized instruments. In order to be eligible for the EIP, the evaluation must find:

- ⦿ A 12-month delay in one functional area; or
- ⦿ A 33% delay in one functional area or a 25% delay in each of two (or more) areas; or
- ⦿ If standardized instruments were used, a score of at least 2.0 standard deviations below the mean in one functional area, or a score of at least 1.5 standard deviations below the mean in each of two (or more) functional areas.

- If the child is not eligible for EI, proceed to B10.
- If the child is eligible for EI, proceed to B11.

B10**Child is not eligible for EI:**

Continue health supervision, including surveillance and screening. Refer the child to community resources as needed.

- ⦿ If a child is not found eligible for the EIP, he/she does not meet criteria for eligibility according to the New York State definition of developmental delay. It should not be assumed that a finding of ineligibility means that the child has no developmental delays. A child may meet criteria at a later date.
- ⦿ If the child has mild delays and does not meet the EI eligibility criteria, continue to monitor and refer the child to community services if indicated.
- ⦿ As an alternative to EI, you or the family can explore other options for obtaining services, such as through the child’s commercial insurance or Medicaid or by paying out-of-pocket. Children not found eligible for the EIP can also be referred to the EIP Developmental Monitoring Unit in NYC for periodic administration of the Ages and Stages Questionnaire, or to EIP Child Find Units in other counties.
- ⦿ The parent/caregiver may disagree with the eligibility determination and pursue due process rights to which they are entitled by the EIP.

Resources

- [Early Intervention Memorandum 1999-2: Reporting of Children’s Eligibility Status \[5\]](#)

B11**Child is eligible for EI:**

EI evaluators and the family meet to develop the child’s Individualized Family Service Plan (IFSP).

The IFSP is the written plan for the support and services the child and his/her family will receive from the EIP. It is developed in a meeting with at least one parent/caregiver, the child’s ISC, a representative of the agency that completed the MDE and the EIOD (who represents the EI program).

The IFSP will:

- ⦿ Include the outcomes for the child and family—what the parent/caregiver and family hope to gain from EI services.
- ⦿ Outline the EI services the child and family will receive to help them reach their outcomes.

- ④ Describe who will provide services and where, when and how often.
- ④ Identify how the services will help the parent/caregiver and the family reach those outcomes.

At this step, the parent selects and the EIP assigns an ongoing service coordinator (OSC) to work with the child and family for the duration of EI services.

B12 The EIP will begin services within 30 days.

EI services are provided by State-approved service coordinators and interventionists, who may work independently or as employees or subcontractors of an EI agency. Both independent providers and agencies must have a contract with the New York State Department of Health.

Service providers and ongoing service coordinators have different responsibilities:

Service Provider Responsibilities:

- ④ Deliver services as authorized in the IFSP. Examples of service types include:
 - Assistive technology devices and related services
 - Audiology
 - Family training, counseling, home visits and parent/caregiver support groups
 - Medical services for diagnostic or evaluation purposes
 - Nursing services
 - Nutrition services
 - Occupational therapy
 - Physical therapy
 - Psychological services
 - Service coordination
 - Social work services

- Special instruction
- Speech-language pathology
- Vision services
- Transportation and related costs
- ④ Complete session notes to support billing
- ④ Complete progress notes every three months
- ④ Work with Ongoing Service Coordinator (OSC) and EIP on IFSP amendments (changes in service plan, service provider, etc.)

Ongoing Service Coordination Responsibilities:

- ④ Ensure that all services begin within two weeks of IFSP
- ④ Locate service providers
- ④ Contact the family at least monthly to ensure all services are provided as authorized

B13 The EIP will review the child's IFSP every six months.

- ④ At each IFSP review, the IFSP team (including parents/caregivers, service providers, OSC and EIOD) decides whether to continue, add, or modify outcomes, strategies and/or services.
- ④ Parents/caregivers may request an earlier review if they are concerned about progress with the current IFSP.
- ④ **Keep communicating with the parent/caregiver and the OSC about the child's progress.**

Parent/caregiver has agreed to share information with you:

Review the IFSP and accompanying material, such as physical therapy (PT) or occupational therapy (OT) reports. Promptly complete prescription(s) for the child to receive PT, OT, and/or feeding services, if those services are authorized. Follow up with diagnostic work-up and referrals, manage medical comorbidities and share relevant information and diagnoses.

- ⦿ The EIP cannot provide PT and OT services until you provide a written order or prescription. Read the IFSP to understand the goals that have been established for the child, and the services that the child will receive. You should also seek contact information for the child's OSC.
- ⦿ The EIP is not primarily a diagnostic entity and does not make recommendations for the medical work-up of developmental disabilities. A child may need referrals to other pediatric specialists. These might include audiology/ENT for a child with language delay, pediatric neurology for a child with low muscle tone/delayed motor skills, GI for feeding issues, genetics for possible syndrome identification, ophthalmology or audiology for vision or hearing impairments, or developmental pediatrics. Make referrals as needed.
- ⦿ Communicate with the parent/caregiver and the child's OSC throughout.

Resources

- [Evaluation of the Child with Intellectual Disability and Global Developmental Delays \[9\]](#)
- [Evaluation of the Child with Global Developmental Delay \[10\]](#)
- [Motor Delays: Early Identification and Evaluation \[11\]](#)
- [Prescribing Therapy Services for Children with Motor Disabilities \[14\]](#)

The EIP will initiate planning for transition out of EI between the child's second and third birthdays.

- ⦿ Transition is the process of connecting children to the resources they will need when they leave the EIP.
- ⦿ Many children are assessed for eligibility for the Department of Education's Committee on Preschool Special Education (CPSE) for children aged 3 to 5 years.

- ⦿ Children may also be connected to community resources and programs.

The ongoing service coordination agencies working with the EIP will do the following:

- ⦿ Ensure that any child leaving the EIP has a transition plan
- ⦿ Explain transition options to parents/caregivers
- ⦿ Discuss a referral to CPSE with the parent/caregiver at least four months prior to the child's third birthday
- ⦿ Assist with referral for evaluation by CPSE, if the parent/caregiver wishes to have the child evaluated

If the child is found eligible for CPSE, participate in the CPSE individualized education plan (IEP) meeting (if invited by the parent/caregiver)

Resources

- [NYC Preschool Special Education Process \[15\]](#)

Resources for Parents

- [HealthyChildren.org \[16\]](#)
- [The Early Intervention Program: A Parent's Guide \[17\]](#)
- [Early Childhood Direction Centers \[18\]](#)

For more, visit nyc.gov/health and search "Early Intervention."

Algorithms were developed through a collaboration between the Bureau of Early Intervention, part of the New York City Health Department's Division of Family and Child Health, and Maimonides Medical Center.

George L. Askew, MD, FAAP

Deputy Commissioner
Division of Family and Child Health (DFCH)
New York City Health Department

Marie B. Casalino, MD, MPH

Assistant Commissioner
Bureau of Early Intervention, DFCH
New York City Health Department

Catherine Canary, MD, MPH

Medical Director
Bureau of Early Intervention, DFCH
New York City Health Department

Nora Puffett, MPA

Director, Administration and Data
Bureau of Early Intervention, DFCH
New York City Health Department

Lidiya Lednyak, MA, PMP

Director, Policy and Quality Assurance
Bureau of Early Intervention, DFCH
New York City Health Department

Ireti Bobb Lewis, MPA

Director, Early Intervention Services
Bureau of Early Intervention, DFCH
New York City Health Department

The New York City Health Department would like to thank the New York State American Academy of Pediatrics District II Committee on Early Childhood Development for its review and recommendations on the Clinicians' Guide.

Danielle Laraque-Arena, MD, FAAP

President, Upstate Medical University
Professor of Pediatrics, Public Health and Preventive Medicine and Psychiatry

Prashil Govind, MD, MPH

Developmental-Behavioral Pediatrician
Flushing Hospital

Mary Rojas, PhD

Director of Pediatric Research
Department of Pediatrics
Infants and Children's Hospital of Brooklyn

Nora Caplan, MPH

Research Coordinator
Maimonides Medical Center

Jessica Mikos, MPA

Research Coordinator
Maimonides Medical Center

References

1. American Academy of Pediatrics Council on Children with Disabilities. Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*. 2006; 118 (1):405-420. Available from: <http://pediatrics.aappublications.org/content/118/1/405.short>.
2. U.S. Department of Health and Human Services. Birth to 5: Watch Me Thrive! Available from: <http://www.acf.hhs.gov/programs/ecd/watch-me-thrive>.
3. American Academy of Pediatrics. Bright Futures. Available from: <http://brightfutures.aap.org/>.
4. American Speech-Language-Hearing Association. Early Hearing Detection and Intervention (EHDI). Available from: <http://www.asha.org/advocacy/federal/ehdi/>.
5. State of New York Department of Health. Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status on Diagnosed Conditions with High Probability of Developmental Delay. Available from: <http://www.health.ny.gov/guidance/oph/cch/bei/99-2.pdf>.
6. CHADIS: Child Health & Development Interactive System. Available from: <http://www.chadis.com/>.
7. New York City Department of Health and Mental Hygiene. The New York City Early Intervention Program: Policy and Procedure Manual May 2015. Available from: <http://www.nyc.gov/html/doh/downloads/pdf/earlyint/earlyint-policy-manual.pdf>.
8. State of New York Department of Health. Reissued Early Intervention Memorandum 94-3, Referral Procedures for the Early Intervention Program, January 2000 Available from: <https://www.health.ny.gov/guidance/oph/cch/bei/94-3.pdf>.
9. Moeschler JB, Shevell M. Comprehensive Evaluation of the Child With Intellectual Disability or Global Developmental Delays. *Pediatrics*. 2014; 134 (3): e903-18. Available from: <http://pediatrics.aappublications.org/content/134/3/e903.full?sid=cb63f452-b8bb-44c1-affe-1ec7dbed50b1>.
10. Shevell M, Ashwal S, Donley D, Flint J, Gingold M, Hirtz D, Majnemer A, Noetzel M, Sheth RD. Practice Parameter: Evaluation of the Child with Global Developmental Delay. *Neurology*. 2003; 60 (3): 367-80. Available from: <http://www.neurology.org/content/60/3/367.long>.
11. Noritz GH, Murphy NA. Motor delays: Early identification and evaluation. *Pediatrics*. 2013; 131 (6): e2016-2027. Available from <http://pediatrics.aappublications.org/content/pediatrics/131/6/e2016.full.pdf>.
12. NYC Department of Health and Mental Hygiene. Early Intervention Program Referral Form. Available from: <http://www.nyc.gov/html/doh/downloads/pdf/earlyint/ei-referral-form.pdf>.
13. New York City Department of Health and Mental Hygiene and Department of Education. Child and Adolescent Health Examination Form. Available from: <http://www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf>.
14. Michaud LJ, Committee on Children With Disabilities. Prescribing Therapy Services for Children with Motor Disabilities. *Pediatrics*. 2004; 113 (6): 1836-1838. Available from: <http://pediatrics.aappublications.org/content/113/6/1836.full.pdf>.
15. New York City Department of Education. New York City Preschool Special Education Process for Children Ages 3-5. Available from: http://www.nyc.gov/html/acs/education/pdf/cpse_chart.pdf.
16. American Academy of Pediatrics. Healthychildren.org. Available from: <http://www.healthychildren.org/English/Pages/default.aspx>.
17. New York State Department of Health. The Early Intervention Program: A Parent's Guide. Available from: <http://www.health.ny.gov/publications/0532/>.
18. New York State Education Department. Special Education: Early Childhood Direction Centers. Available from: <http://www.p12.nysed.gov/specialed/techassist/ecdc/>.

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