Westchester County Early Intervention Weekly Confirmation of Telehealth Services for COVID-19

Instructions: This form must be completed by the teacher/therapist to ensure the continuation of services during the Declared State of Emergency for COVID-19. All fields are required; providers may add more fields if needed. All information must be completed and must match the appropriate fields on accompanying session notes. Typed signatures are not acceptable. This form, along with the corresponding session notes, must be kept in the child's file. Please see the New York State Department of Health Bureau of Early Intervention's "Frequently Asked Questions Related to Virtual Early Intervention Visits During COVID-19 Declared State of Emergency, March 19, 2020" for further guidance.

Child's Name:	**DOB:**	**NYEIS/EI#:**
Service Type Delivered (One SA # Per Sheet):	**NYEIS Service Authorization #:**	
Teacher/Therapist Name:	**Teacher/Therapist Discipline:**	**NPI#:**
Agency Name:	**Frequency:**	**Intensity:**

Date of Service	Start Time	End Time	CPT Code	Signature of Parent/Guardian Verifying That Service Was Delivered	Date Signed