



GAP IN SERVICE FORM

Date: _____

Child's Name: _____

DOB: _____ EI ID#: _____

Service Provider Name: _____

Service Type: _____

As per New York City EIP guidelines, I am required to inform all Service Coordinators when a child has been absent for **three** or more consecutive sessions.

Following are the dates that the above named child has missed sessions:

Dates of Missed Sessions:

Reason(s) for Missed Sessions:

1. _____ / _____ / _____

2. _____ / _____ / _____

3. _____ / _____ / _____

Therapist Signature

Therapist Phone #

For Office Use Only:

Faxed to SC: _____