Chester County EI Consultation Form

Section 1- Request for Consultation:

Child's Name:_____DOB:____ Service Coordinator:_____

Date of Request:_____ Date Faxed to coordinator:_____

EI team member requesting:_____ Agency/Discipline:_____

Contact number:_____ Day/time of regular visit: _____

Funding Source: MA Waiver County/Base

Scheduling considerations:_____

Type Of Consult requested: Communication Motor Sensory Cognitive/Play Feeding

Other:_____

(please circle which applies)

Can this agency provide this type of consultation?: YES NO

Which Discipline can provide the consultation?: OT PT ST Special Instructor

Reason for Consultation/ Information requested -

_____

_____

_____

_____

_____

Date faxed to Service coordinator: _____

_____

Section 2- to be completed at time of Consultation

Date of Consultation: _____ Person Completing Consultation: _____

Location of consult: _____ Agency _____ Discipline: _____

Participants: _____

Additional/New Strategies/Suggestions for the Team:

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Please use back of page as needed

***Session sheet with parent/caregiver signature must accompany this form when completed.