



FIRST DAY OF SERVICE FORM

- Berks** (nstimson@TheArcAlliance.org)
- Bucks** (nstimson@TheArcAlliance.org)
- Chester** (nstimson@TheArcAlliance.org)
- Montgomery** (nstimson@TheArcAlliance.org)

Reason for Late Service (circle) **Family** **System** **Weather**

Child's Name: _____ Therapist: _____

IFSP Date: _____ (date your service was added to IFSP) First Day of Service: _____

of Days from IFSP Start Date: _____ Are these # of days 14 or less (circle one)
Yes **NO** (complete the rest of this form)

Complete the following **only** if the number of days between the IFSP meeting date and first day of service was greater than 14 days. **Circle only one reason for lateness.**

SYSTEM REASONS	DETAILS
I was not contacted with the referral in enough time.	Date Notified by Email/Phone
I did not know the child's phone number or address (not a valid reason – call The Arc contact if you do not have the information you need)	Steps Taken to get Information
Staff/Contractor delayed in contacting the family.	Date you contacted the family
Staff/Contractor cancelled first appointment.	Date of first scheduled appointment
Staff/Contractor had NO slots to offer within the 14 days.	Dates and Times Offered
FAMILY REASONS	DETAILS
Could not reach the family by telephone (left message – no return call – no machine)	Dates and Times Contacted
Could not schedule an appointment with family. (Offering one time that is declined by family is sufficient for it to be a family reason)	Dates and Times Offered
Parent/caregiver cancelled or was not there for the first appointment (fill out the contact sheet indicating appointment status)	Date of first scheduled appointment