

**Westchester County Early Intervention Program  
ONGOING SERVICE COORDINATOR SUMMARY REPORT  
(6 Month /Annual Review)**

<b>Child's Name:</b>	<b>DOB:</b>	
<b>OSC Name:</b>	<b>Agency Name:</b>	
<b>IFSP Start/End Date:</b>	<b>IFSP Type:</b>	<b>Date of Report:</b>

**SUMMARY REPORT: Specify Service Coordination Activities for Monitoring Services as per IFSP, Family Feedback on Service Delivery, EI & Non-EI Issues Effecting Service Delivery, Changes in Family Dynamics/Situation Effecting Services, General Statement of Progress.** (If more space needed, attach another copy of this form)

---

**SERVICE STATUS REPORT (List services for which providers have not been found and efforts made to fill service mandates.)**

I certify that the above services were provided in accordance with the child's IFSP.

Ongoing Service Coordinator's Signature: \_\_\_\_\_ Date \_\_\_\_\_