



Scheduled Absence / Gap in Service

Child Name: _____

DOB: _____

NYEIS# _____

Provider: _____

OSC: _____

Scheduled Absence:

This is written notification that there will be a **scheduled absence** by the therapist/parent from _____ to _____. The family and provider discussed this absence.

- Parent/Caregiver chose to wait for the provider to return (*not to exceed three (3) weeks*)
- Parent/Caregiver requests a covering provider.

Parent/OSC were notified on _____ Services will resume: _____
(at least 5 days prior to the scheduled absence)

Gap in Service:

There was a **Gap in Service** (*more than 3 consecutive missed sessions*) on the following dates: _____

Services resumed: _____

Absence was due to:

- Family Driven Scheduling Conflicts
- Family Vacation
- Pending Updated Rx
- No Family Contact
- Other: _____
- Therapist Vacation
- Therapist Illness
- Consecutive Cancellations by Parent
- Child Illness
- Hazardous Weather

Internal Use Only - Copy sent to OSC: _____