Cumberland Perry Counties Early Intervention
14-Day Service Tracking Form

Child's Name: _____ BSU#: _____

Service Coordinator: _____

Provider name/Agency: _____

Type of Service: ☐ ST ☐ PT ☐ OT ☐ SI ☐ SI-Vision ☐ SI-Hearing ☐ SI-Behavior
☐ SI-Music Therapy ☐ Nutrition ☐ SW ☐ SI–COTA
☐ Other:_____

14-day Deadline: _____

Date	Type of Contact	Explanation

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Child's Name: _____ BSU#: _____

Actual Start Date: _____

First Session Held within 14 days? ☐ Yes ☐ No

If no, check one and provide an explanation:

☐ System ☐ Family ☐ Act of Nature

Explanation: _____
_____
_____
_____

Therapist Signature: _____

Please send completed form to the Service Coordinator and to Trudy Kessler at takessler@cumberlandcountypa.gov.

Thank you!