YORK/ADAMS EARLY INTERVENTION
14-DAY SERVICE TRACKING FORM

Must be faxed to 771-9358 or e-mailed to SLHarlacher@york-county.org within 30 days of receipt.

Child's Name:

Service Coordinator:

Agency/Teacher/Therapist:

Start Date:

First Visit **Must** Be Made By:

Actual Service Delivery Date:

DATE	TYPE OF CONTACT	EXPLANATION

To be completed by County:

First visit completed within 14 days? ☐ YES ☐ NO

If no, check one: ☐ System ☐ Family ☐ Act of Nature

Data Entered: Reviewed By: