



New Jersey Early Intervention System Pre-Visit Checklist

Today's Date: _____

In response to the COVID-19 pandemic, the New Jersey Early Intervention System (NJEIS) is taking increased precautions to lessen the spread of the virus while providing quality support and services to our children and families. To protect the health and well-being of the children and families in our care along with concern for the safety of NJEIS practitioners, NJEIS has implemented this Daily Session Screening Form to be used and signed *prior* to any NJEIS service, evaluation or meeting being provided in-person in your home or other community location. Families are required to complete this form for each practitioner and each visit (therapy, evaluation or meeting). Families and practitioners are required to answer all of the questions with "NO" for NJEIS services to be provided. As an alternate, telehealth services may be provided if the screening questions below indicate a risk of COVID-19 transmission. The NJEIS is committed to doing everything possible to meet the needs of our families and thank you in advance for your cooperation and compliance.

Practitioner Daily Self-Check and Attestation of Information

Practitioner Name _____

Screening Questions	NO	YES
<i>Do you have a temperature of 100.4 or higher today?</i>		
<i>Do you or any household member have any signs of illness, such as cough, shortness of breath, chills, muscle pain, sore throat, loss of taste/smell?</i>		
<i>Have you or any household member traveled to a State or country that has a mandated quarantine in place by the Governor of NJ within the 14 days prior to today?</i>		
<i>Are you or any member of your household under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection?)</i>		
<i>Have you or any member of your household been diagnosed with COVID-19 and not yet been cleared to discontinue isolation?</i>		

Practitioner Signature _____

Family Self-Check and Attestation of Information

Family/Child Name _____

Screening Questions	NO	YES
<i>Do you, your child, or any family member have a temperature of 100.4 or higher today?</i>		
<i>Do you, your child, or any household member have any signs of illness, such as cough, shortness of breath, chills, muscle pain, sore throat, loss of taste/smell?</i>		
<i>Have you, your child, or any household member traveled to a State or country that has a mandated quarantine in place by the Governor of NJ within the 14 days prior to today?</i>		
<i>Are you or any member of your household under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection?)</i>		
<i>Have you or any member of your household been diagnosed with COVID-19 and not yet been cleared to discontinue isolation?</i>		

Parent/Legal Guardian Signature _____