



## Rhode Island Early Intervention Transition Notification and Consent

<p>Child's Name: _____ DOB:     /     /</p> <p>Child's Address: _____</p> <p>Sex at birth: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Child's Primary Language: _____</p> <p>Is this child currently in a foster placement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent/Guardian(s): _____</p> <p>Address(s): <input type="checkbox"/> Same as Above <input type="checkbox"/> Other _____</p> <p>Phone(s): _____</p> <p>Email (s): _____</p> <p>Parent/Guardian(s) Primary Language: _____</p> <p>Language(s) Spoken in the Home: _____</p>	<p>Child's EI ID# _____</p> <p>EI Agency: _____</p> <p>Contact: _____</p> <p>Phone:            Fax: _____</p> <p>Email: _____</p> <p>School District: _____</p> <p>Contact: _____</p> <p>Phone:            Fax: _____</p> <p>Email: _____</p> <p>Date of Initial EI Eligibility:     /     /</p> <p>(i.e. Date of Eligibility/IFSP Meeting)</p> <p>Notification Date:     /     /     (Date of transmission of this notification to the LEA)</p>
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*For referrals > 30 months, notify LEA within 7 days following eligibility determination*

***Information in these top two boxes will be sent as notification to the local school district and RI Dept. of Education that your child is approaching 3 years of age and is potentially eligible for special education. Notification is sent unless parent(s) "opt-out". Parental consent is not required for notification.***

Did parent(s)/caregiver(s) receive a copy of the *RI Early Intervention Transition Workbook: A Family Guide*?  Yes  No

Based on the RI Special Education Regulations (see *RI Early Intervention Transition Workbook*), the IFSP team, which includes the family, has determined that this child is potentially eligible for Special Education.  Yes  No

***I choose to "opt-out" of notifying the LEA and the RI Department of Education.***

***I withdraw my "opt out" and wish to proceed with the notification process.***



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Child's Name:	DOB:    /    /	Child's EI ID#
Parent/Guardian Signature:	Date:    /    /	Parent/Guardian Signature:      Date:    /    /

**What are the primary concerns with regard to this child's present levels of development, skills and behaviors?**

**In order to assist in the transition process and eligibility determination for Special Education, I consent to disclosing copies of the following information to the school district named above:**

<input type="checkbox"/> Discharge Status (includes date, reason) <input type="checkbox"/> Individualized Family Service Plan (IFSP) <i>COS A should be received by LEA no later than 5 business days prior to referral meeting</i>	<input type="checkbox"/> Child Outcome Summary Form for Transition (A) <input type="checkbox"/> Ongoing Assessment Record Form (e.g. MEISR, Carolina, REELS, etc.)	<input type="checkbox"/> Hearing/ Vision Assessment <input type="checkbox"/> Other:
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Parent Signature:      Date:    /    /

**Parental consent is required to share information noted in this section**

**After the notification was sent to our LEA, I have reconsidered and do not wish to proceed with the process of transitioning to special education.**

Date:    /    /      Parent/Guardian Signature: