



RI School for the Deaf Parent Infant Partner Program Referral Form

Child's Name: _____ DOB: _____ Gender: Male Female Non-Binary

Parent/Guardian Name(s): _____

Home Address: _____

Phone(s): _____ Email (s): _____

Referring Agency: _____

Date of Referral: _____

Primary EI Contact: _____ Phone: _____

Email: _____

Primary Language(s) used in the home? _____

Briefly describe what is known about the child's use of communication/language.

When making a referral please include:

- Release of Information
- IFSP including COS, Outcomes and Services
- Audiological Records
- Any appropriate medical records
- Evaluation results and ongoing assessment record forms

Please complete and return this form via email: pip@rideaf.net or fax: (401) 243-1024

Points of Contact:

Gia Garzone	Victoria Pfanstiehl
RI School for the Deaf PIPP	RI School for the Deaf
Program Coordinator	PIPP Administrative Support
VideoPhone: (401) 519-6170	Coordinator Phone (401)
Email: Ggarzone@rideaf.net	602-0514 vpfanstiehl@rideaf.net

Upon receipt of this referral, we will reach out to the primary EI contact to acknowledge receipt of the referral. The family will be contacted to schedule an orientation visit. We will review the structure of the PIPP program, and talk with the family about their priorities with regard to their child's communication. The PIP program welcomes children using listening, spoken language and visual (ASL) communication. If the family decides to enroll in the PIPP program, We then will reach out to the child's primary EI provider so PIP can be added to the family's IFSP.