



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:

RI School for the Deaf Referral Form

EI Screening for Hearing Loss or Change in Hearing Level

Audiological Report (if available)

Signed copy of authorization to release/obtain information to/from RI School for the Deaf

Copy of IFSP (especially the Outcomes pages)

Copy of the child's ongoing assessment record form (i.e. Carolina, MEISER, etc.)

Please complete and return this form to:

Victoria Pfanstiehl
RI School for the Deaf
PIP Program Coordinator

Via fax (401) 243-1024 or email
vpfanstiehl@rideaf.net
Phone (401) 602-0515

Upon receipt of this referral, Victoria will reach out to the primary EI contact to acknowledge receipt of the referral. She will contact the family to schedule an orientation visit. During this visit, she will review the structure of the PIP program, establish expectations 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 is a good match and decides to move forward with the PIP program, Victoria will reach out to the child's primary EI provider so PIP can be added to the IFSP.