

# Rhode Island Sign Language Initiatives

## Intake

**Attention EI Providers:** Please attach a release form from the parents/guardians and send a stack of SRFs.

Parent/Guardian Names:	Today's Date:
Street Address:	City/State/Zip:
Daytime phone number:	Evening phone number:
Email address:	Cell phone number:
Language spoken in the home:	
Child's Name:	Child's Date of Birth:
Child is (please check one)    Deaf    Hard of Hearing	Gender:    Male    Female
Does the child have any additional special needs?	
EI Client ID#:	

Date that your child's hearing loss was identified:

By whom?

When were you referred to the RI Sign Language Initiatives (RISLI)?

Who referred you?

Name of Early Intervention (EI) agency:

EI contact person:

Email address:

Phone number:

Fax number:

Does your child have a daycare provider? Who?

Any other agencies/programs working with your family and/or your child?

Approximately how many people plan to join the family for the RISLI classes?

Please list the ages of any siblings that may participate:

Please list options of days of the week/times of the day that you would prefer for classes.

*NOTE: Although classes are offered during daytime hours, many of our tutors have more availability during evening hours and on weekends.*

1)

2)

3)

### Attention EI Providers:

Please attach a release form signed by the parents/guardians and a stack of SRF forms to be used by the tutor. Please send them to:

Gallaudet University Regional Center at Northern Essex Community College  
100 Elliott Street, Haverhill, MA 01830  
978-556-3701 (voice/tty) 978-241-7417 (vp) 978-556-3703 (fax)



REGIONAL CENTER  
EAST