

# Rhode Island Early Intervention Services Rendered Form for IFSP Eligibility Meeting

Last Name	First Name	MI	DOB: / /
ID #	Service Date: / /	Service Coordinator:	
EI Program	Service Coordinator Phone/Email:		

<b>Visit Participants:</b>  	<b>Cancellation Reason</b> <input type="checkbox"/> No Show <input type="checkbox"/> Cancel/Family Issue <input type="checkbox"/> Cancel/Provider Issue	<b>Service Location:</b> <input type="checkbox"/> H (Home) <input type="checkbox"/> C (Community) <input type="checkbox"/> CB (Center-based) <input type="checkbox"/> N/A ( Not Applicable) <input type="checkbox"/> Virtual
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**Summarize the family's reason for referral, main concerns and priorities:**

  
  

**Eligibility**

Child is eligible for EI services via:  Developmental Delay  Single established condition

Child is not eligible for EI services

**Parents/Guardians**  Proceed with IFSP development  Declined the program

<b>If the Child is Eligible</b> <input type="checkbox"/> Discuss concerns, priorities and resources <input type="checkbox"/> Schedule RBI to support development of child and family IFSP outcomes <input type="checkbox"/> Provide parent with Prior Written Notice for IFSP Meeting to complete and sign the IFSP <input type="checkbox"/> Summarize child's present levels of development (see below)	<b>If the Child is Not Eligible</b> <input type="checkbox"/> Provide parent with Procedural Safeguards <input type="checkbox"/> Provide parent with Child Outreach information <input type="checkbox"/> Complete discharge form <input type="checkbox"/> Provide parent with IFSP Evaluation Summary and COS B <input type="checkbox"/> Other
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**Summarize the child's present levels of development using the framework of the 3 Global Child Outcomes. Include references to how this child's development and functioning compares to same age peers.**

  
  

Provider/Signature	Date:	Service Code:	Minutes	
1.	/ /	TI023TL		<b>NEXT VISIT:</b>   <b>TIME:</b>
2.	/ /			
3.	/ /			
4.	/ /			
5.	/ /	990IFSP		

**Prior Written Notice and Procedural Safeguards**

Early Intervention is required to provide you with prior written notice within a reasonable time before an IFSP meeting. This is your notice that the following meeting has been scheduled.

IFSP meeting (Initial, Annual/6-month Review, Update, or Transition meeting) **Date of IFSP Meeting:** / / **Time:**

I have received a copy of *Rhode Island Early Intervention Procedural Safeguards and Funding*. My procedural safeguards have been explained to me and I understand them.

_____ Parent/ Guardian Signature	_____ Date
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