

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

Child's Name:		DOB:	ID:
Service Date:	Service Coordinator:	Insurance Coverage Change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Location <input type="checkbox"/> Center Based <input type="checkbox"/> Childcare <input type="checkbox"/> Community <input type="checkbox"/> El Group in Community <input type="checkbox"/> Home <input type="checkbox"/> Office or n/a <input type="checkbox"/> Telehealth- Childcare (Phone Only) <input type="checkbox"/> Telehealth- Community (Phone Only) <input type="checkbox"/> Telehealth- Home (Phone Only) <input type="checkbox"/> Virtual- Childcare <input type="checkbox"/> Virtual- Community <input type="checkbox"/> Virtual- Home		Cancellation Type <input type="checkbox"/> Family Cancellation <input type="checkbox"/> Family Canc. < 24 hours <input type="checkbox"/> Missed Appt. / no reason given <input type="checkbox"/> Provider Cancellation	45-Day Timeline <input type="checkbox"/> Timely 45-Day Completed <input type="checkbox"/> Untimely 45-Day - Family Issue <input type="checkbox"/> Untimely 45-Day - Provider Issue
Visit Participants:			
IFSP Meeting Notice At the Eligibility/IFSP meeting your child's evaluation/assessment results will be reviewed with you and eligibility for early intervention will be determined. Before holding an Eligibility/IFSP meeting, EI is required to provide you with written notice early enough to ensure that you, along with any other individuals you would like to have present, are able to attend. This is your notice that an Eligibility/IFSP meeting will be held today.			
<input type="checkbox"/> EI has confirmed with the parent/guardian that this meeting notice was provided early enough for the family to attend.			
<input type="checkbox"/> Discussed present levels of development using the framework of the 3 Global Child Outcomes and how this child's development and functioning compares to same-age peers.			
Prior Written Notice for Eligibility Determination <input type="checkbox"/> Child is eligible for EI services. Procedural Safeguards have been provided, reviewed, and explained. <input type="checkbox"/> Child is not eligible for EI services. Procedural Safeguards have been provided, reviewed, and explained.			
Proceed with IFSP development? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If proceeding with IFSP Development: <input type="checkbox"/> Discussed concerns, priorities and resources <input type="checkbox"/> Scheduled visit to conduct routines-based assessment to complete IFSP development		If not proceeding with IFSP Development: <input type="checkbox"/> Provided parent with Child Outreach information <input type="checkbox"/> Provided parent with IFSP Evaluation Summary and Child Outcomes Summary (COS B) <input type="checkbox"/> Completed discharge <input type="checkbox"/> Other (describe below)	
Additional Information (optional): 			
Provider/Signature	Date:	Code:	Time In: Minutes:
1.		1023TL	
2.			
3.			
4.			
5.			
			NEXT VISIT: