



Rhode Island Early Intervention Transition Notification and Consent

<p>Child's Name: _____ DOB: / /</p> <p>Child's Address: _____</p> <p>Sex at birth: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Child's Primary Language: _____</p> <p>Is this child currently in a foster placement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent/Guardian(s): _____</p> <p>Address(s): <input type="checkbox"/> Same as Above <input type="checkbox"/> Other</p> <p>Phone(s): _____</p> <p>Email (s): _____</p> <p>Parent/Guardian(s) Primary Language: _____</p> <p>Language(s) Spoken in the Home: _____</p>	<p>Child's EI ID# _____</p> <p>EI Agency: _____</p> <p>Contact: _____</p> <p>Phone: Fax: _____</p> <p>Email: _____</p> <p>School District: _____</p> <p>Contact: _____</p> <p>Phone: Fax: _____</p> <p>Email: _____</p> <p>Date of Initial EI Eligibility: / /</p> <p>(i.e. Date of Eligibility/IFSP Meeting)</p> <p>Notification Date: / / (Date of transmission of this notification to the LEA)</p>
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For referrals > 30 months, notify LEA within 7 days following eligibility determination

Information in these top two boxes will be sent as notification to the local school district and RI Dept. of Education that your child is approaching 3 years of age and is potentially eligible for special education. Notification is sent unless parent(s) "opt-out". Parental consent is not required for notification.

Did parent(s)/caregiver(s) receive a copy of the *RI Early Intervention Transition Workbook: A Family Guide*? Yes No

Based on the RI Special Education Regulations (see *RI Early Intervention Transition Workbook*), the IFSP team, which includes the family, has determined that this child is potentially eligible for Special Education. Yes No

I choose to "opt-out" of notifying the LEA and the RI Department of Education.

Parent/Guardian Signature: _____ **Date:** / /

I withdraw my "opt out" and wish to proceed with the notification process.

Parent/Guardian Signature: _____ **Date:** / /



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Child's Name:	DOB: / /	Child's EI ID#
What are the primary concerns with regard to this child's present levels of development, skills and behaviors?		
In order to assist in the transition process and eligibility determination for Special Education, I consent to disclosing copies of the following information to the school district named above:		
<input type="checkbox"/> Discharge Status (includes date, reason)	<input type="checkbox"/> Child Outcome Summary Form for Transition (A)	<input type="checkbox"/> Hearing/ Vision Assessment <input type="checkbox"/>
<input type="checkbox"/> Individualized Family Service Plan (IFSP)	<input type="checkbox"/> Ongoing Assessment Record Form (e.g. MEISR, Carolina, REELS, etc.)	Other:
<i>COS A should be received by LEA no later than 5 business days prior to referral meeting</i>		
Parent Signature:	Date: / /	
Parental consent is required to share information noted in this section		
After the notification was sent to our LEA, I have reconsidered and do not wish to proceed with the process of transitioning to special education.		
Date: / /	Parent/Guardian Signature:	