Rhode Island Early Intervention Transition Notification

Child's Name:	OOB: ID: Date:			
Did parent(s)/guardian(s) receive a copy of the RI Early Intervention Transition Workbook: A Family Guide?				
Based on the RI Special Education Regulations, the IFSP team, which includes the family, has determined that this child is potentially eligible for Special Education. Yes No (If "No", the fields below do not need to be completed.)				
Child Information	El Agency:			
Address:	El Contact:			
Gender: M F Other	Phone: Fax:			
Primary Language:	Email:			
Is child currently in a foster placement?				
☐ Yes ☐ No Language(s) Spoken in the Home:	School District:			
	School District Contact:			
Parent/Guardian Information	Phone: Fax:			
Name(s):	Email:			
Address(s): Same as Above Other	Date of Initial El Eligibility: (Date of Eligibility/IFSP Meeting)			
Phone(s): Email(s):				
Primary Language:				
	Notification Date: (Date of transmission of this notification to the LEA)			
	(Date of transmission of this notification to the LEA)			
Information in these top two boxes will be sent as notification to the local school district and Rhode Island Deptartment 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.				
☐ 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:			

Rhode Island Early Intervention Transition Consent

Child's Name: DOB	:	ID:	Date:	
Parental consent is required to share information in the section below				
In order to assist in the transition process and eligibility determination for Special Education, I consent to disclosing the information indicated below to the following school district:				
☐ Individualized Family Service Plan (IFSP)	☐ Hearing/ Vision Asses	sment		
☐ Child Outcome Summary Form for Transition	☐ Discharge Status (dat	e, reason)		
Ongoing Assessment Record Form or Summary	Other:			
Primary concerns with regard to this child's present levels of development, skills and behaviors:				
☐ I am also requesting that the LEA contact EI directly to share dates, times and locations of school-based meetings (i.e., the Evaluation Team Meetings to review the referral and determine eligibility, and the Individualized Education Plan meeting if my child is found eligible.)				
Parent/Guardian Signature:	Date:			
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. Parent/Guardian Signature: Date:				