

Rhode Island Early Intervention Transition Notification

Child's Name:

DOB:

ID:

Date:

Did parent(s)/guardian(s) receive a copy of the [RI Early Intervention Transition Workbook: A Family Guide](#)? Yes No

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

Address:

Gender: M F

Primary Language:

Is child currently in a foster placement?

Yes No

Language(s) Spoken in the Home:

Parent/Guardian Information

Name(s):

Address(s): Same as Above Other

Phone(s): Email(s):

Primary Language:

EI Agency:

EI Contact:

Phone:

Fax:

Email:

School District:

School District Contact:

Phone:

Fax:

Email:

Date of Initial EI Eligibility:

(Date of Eligibility/IFSP Meeting)

Notification Date:

(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 Department 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:

- | | |
|--|--|
| <input type="checkbox"/> Individualized Family Service Plan (IFSP) | <input type="checkbox"/> Hearing/ Vision Assessment |
| <input type="checkbox"/> Child Outcome Summary Form for Transition | <input type="checkbox"/> Discharge Status (date, reason) |
| <input type="checkbox"/> Ongoing Assessment Record Form or Summary | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 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: