



# Rhode Island Early Intervention Transition Consent

<b>Child's Name:</b>	<b>DOB:</b>	<b>ID:</b>	<b>Date:</b>
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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 Assessment

Child Outcome Summary Form for Transition  Discharge Status (date, 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:**