

RESPONSE TO REFERRAL

RE: _____ DOB: _____

Dear _____,

Thank you for referring _____ to our Early Intervention program on _____. In accordance with FERPA¹ and IDEA² Part C confidentiality requirements, parent/guardian written consent must be obtained before sharing any information about this referral.

Status of parent/guardian consent is as follows:

- EI received a copy of the parent/guardian written consent from the referral source.
- EI directly obtained the parent/guardian written consent.
- Written consent has not been obtained - information about this referral cannot be disclosed. If you require further information about this referral, please obtain written consent from the parent/guardian.

INFORMATION BELOW THIS LINE CAN ONLY BE SHARED WITH WRITTEN PARENT/GUARDIAN CONSENT

- We have made several attempts to contact the family but have received no response. Please inform us if you have alternate contact information for this family.
- Family is not interested in Early Intervention.
- An evaluation was completed on _____. Based on evaluation, child is:
 - Not eligible for services. Resources were provided, and the family was encouraged to contact us if new concerns arise.
 - Eligible for services. Family is not interested in Early intervention. Resources were provided, and the family was encouraged to contact us if they change their mind.
 - Eligible for services. An Individualized Family Service Plan (IFSP) will be completed with the family.
- Family has been referred to the following service(s):
 - Cedar
 - Child Outreach
 - Early Head Start
 - First Connections
 - Parents as Teachers
 - RIPIN
 - Other: _____

Please feel free to contact me at _____ if you have questions or need additional information about RI's Early Intervention program. Thank you for the referral and your commitment to ensuring healthy development for infants and toddlers.

Sincerely,

****THIS INFORMATION MAY NOT BE REDISCLOSED WITHOUT WRITTEN PARENT/GUARDIAN CONSENT****