Program Information

Rhode Island Early Intervention Prior Written Notice and Consent Multidisciplinary Evaluation/Assessment Eligibility/IFSP Meeting



DATE

	DATE		
Child's Last Name	First Name	DOB	ID#
Early Intervention is required to provide you actions listed below.	u with prior written notice w	thin a reasonable time before	beginning any of the
Multidisciplinary Evaluation/Assessment — child's eligibility for early intervention service multidisciplinary evaluation/assessment is cof: adaptive, cognitive, communication, phy participation as a member of the evaluation help identify your concerns, priorities and remedical and developmental records and obe evaluation and/or assessment means your of I give consent for a Multidisciplinary Evaluation	ces and to identify the strength conducted by at least 2 qualified visical (including vision and head an and/or assessment team is indesources needed related to you serve your child in his/her ever whild will not be able to receive	ns and needs of your child and f d professionals who will evaluating), social and emotional, and aportant. A family directed asseur child's development. The teaty	amily. The te your child in the areas health. Your essment is included to am will review your child's
Signature of Parent(s)/Guardian(s)		Date	
The activity above will occur on	@		
Eligibility/Individualized Family Service Pla Multidisciplinary Evaluation/Assessment. In the date your child was referred. If your far coordinator. At the Eligibility/IFSP meeting early intervention will be determined. If you you in writing. If you disagree with the decis the IFSP will be scheduled. IFSP developmen writing. The IFSP is a written plan developed child and family. It can be changed at any to occur on the same day your child's evaluation	nitial eligibility for early interversity needs additional time bey your child's evaluation/assess or child is not eligible, you will sion you have the right to dispont may require more than one d in partnership with your famine. The IFSP is written only if	ntion services must occur withing ond the 45 days, it is important ment results will be reviewed we receive an explanation and the ute it. If your child is eligible a rivisit. You will receive notice for ily and professionals to meet the your child is eligible for service	n 45 calendar days from that you tell your service with you and eligibility for decision will be given to meeting to begin writing all IFSP meetings in e ongoing needs of your s and may or may not
The activity above will occur on	@		
Date	Time	Location/Address	
Parent/Guardian Acknowledgement:			
I have received a copy of my procedural safe	eguards. These rights have bee	n explained to me and I unders	tand them.
Signature of Parent(s)/Guardian(s)		Date	