

RI Early Intervention Release of Information

Language Outcomes for Children who are Deaf or Hard of Hearing

The purpose of this release is to help agencies in Rhode Island that support families of children who are Deaf or Hard of Hearing to learn more about the children's language strengths and challenges and to identify factors associated with successful language outcomes.

The results of your child's MacArthur-Bates Communicative Development Inventory (MBCDI) assessment and information from the Coversheet and Demographic forms will be:

- Combined with information from other children in a database at the University of Colorado-Boulder.
- Shared with the RI Department of Health, RI Early Hearing Detection and Intervention (RI EHDI).
 - RI EHDI is the state agency responsible for collecting newborn hearing screening data and audiological reports to ensure all babies receive a hearing screen at birth, and if needed, receive timely diagnostic audiology and early intervention services.
- Entered in your child's KIDSNET record.
 - KIDSNET is Rhode Island's confidential computerized child health information system for all children in RI, administered by the Rhode Island Department of Health. It will be used by RI EHDI to analyze data for all children participating in this project.

The results of your child's MacArthur-Bates Communicative Development Inventory will also be returned to your EI Service Coordinator, who will provide you with a copy and review the results with you.

We need your consent to allow us to share the Cover Sheet, MBCDI record form, results, and your demographic data with Dr. Allison Sedey at the University of Colorado-Boulder. Your consent is also needed to allow Dr. Allison Sedey at the University of Colorado-Boulder to share the results of the assessments with the RI Early Hearing Detection and Intervention Program and to allow the RI EHDI to enter the results into your child's KIDSNET record.

I give my permission for _____ to share the following information with Dr. Allison Sedey at the University of Colorado – Boulder, 409 UCB, Boulder, CO 80309, Allison.sedey@colorado.edu.

I agree to send the following to Dr Sedey:

MacArthur-Bates Communicative Developmental Inventory Record Form (MBCDI)
(This is the record form for the assessment you completed with your EI provider about your child's language skills.)

Coversheet *(This form will accompany your child's MBCDI unscored record form when it is sent to Dr. Sedey. It includes the primary languages used the home, and information on your child's hearing loss.)*

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Parent/Child Demographics Form-Initial *(This is the form you completed with your EI provider that contains your name, city, state, zip code, your child's date of birth, race, information about your child's hearing loss, and about your household.)*

Parent/Child Demographics Form-Follow Up *(This is the form completed when a repeat MacArthur- Bates Communicative Developmental Inventory is completed and sent to Dr. Sedey.)*

I agree to the following:

I give my permission for Dr. Allison Sedey at the University of Colorado – Boulder to release the results of my child's *MacArthur-Bates Communicative Development Inventory (MBCDI), Coversheet, and Parent/Child Demographics Form-Initial and/or the Parent/Child Demographics Form-Follow Up*, to the RI Early Hearing Detection and Intervention Program (RI EHDI).

I give my permission for RI EHDI to enter the results of my child's *MBCDI, Coversheet, and the Parent/Child Demographics Form-Initial and/or the Parent/Child Demographics Form-Follow Up* information into my child's KIDSNET record.

I understand I have the right to refuse to sign this form. I understand that my refusal will not affect my child's enrollment in RI Early Intervention (EI) or the services they receive. My child can continue to be assessed with the MBCDI, and the results will be documented in my child's EI record.

I understand the results of my child's MBCDI and Parent/Child Demographics will not be re-released in any form other than to the designees above.

I understand I have the right to a copy of this form on request.

I understand that I am providing my consent voluntarily, and I understand the information on this form. I have the right to withdraw my consent at any time.

This release will remain in effect for one year from the date stated below. I understand that I may revoke my consent at any time. Revoking my consent does not apply to activities that were already completed with my previous written consent. I must submit a written revocation to Allison Sedey (Allison.sedey@colorado.edu). My EI Service Coordinator can assist me in revoking consent to any part of this release.

Child's Name

Child's Date of Birth

Parent/Guardian Signature