Form EI-01

Today's date	Child's name	Child's DOB	ETID number

Prior Written Notice and Consent for Developmental Screening

The developmental screening is used to determine if your child is suspected of having a developmental delay. The screening includes gathering information from you, the parent, and other(s) that you choose, and using a screening instrument that covers all areas of development. It may include observation of your child. You may request a developmental evaluation at any time regardless of the result of the screening. Written notice must be provided to you at least 10 calendar days before the screening.

My Service Coordinator has informed me of all information related to the developmental screening and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure (ohioearlyintervention.org/printed-materials). I understand I have dispute resolution options if I have an EI complaint. I understand and consent to the developmental screening of my child. I understand that my consent is voluntary and can be withdrawn at any time.

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s)	Date

Parent name(s)	Parent signature(s)	Date

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-02

Today's date	Child's name	Child's DOB	ETID number

Prior Written Notice and Consent for Developmental Evaluation and Assessments

The **developmental evaluation** is conducted by an early intervention (EI) team — one or more professionals — to determine your child's eligibility when there is no confirmed qualifying medical condition.

The **assessment of your child**, often conducted at the same time, is meant to understand your child's participation within your family's daily routines and activities. The evaluation and assessment include:

- A review of relevant records, including medical records that you agree to release
- Observation of your child
- Input from you about your child's development, including your child's participation in daily routines and activities
- Use of evaluation and assessment tool(s) which provide information about your child's development in communication, adaptive/self-care, social/emotional, cognitive/thinking/problem solving, motor/movement, vision, and hearing

During the **family-directed assessment**, you share your **concerns** and **priorities** for successfully including your child in your daily activities. You will discuss potential **resources** you have or may need to assist you in supporting your child's development.

If your child is determined to be eligible, the information from your child's evaluation and assessment and the family-directed assessment is used to develop the Individualized Family Service Plan and to determine what EI services are needed to support you and your child. Written notice must be provided to you at least 10 calendar days before the evaluation and assessment.

We propose to (check all that apply):

- ☐ Identify your child's eligibility for EI by conducting a **developmental evaluation**
- ☐ Identify your child's strengths and needs through a **developmental assessment**
- ☐ Identify your concerns, priorities, and resources related to supporting your child's development through a **family-directed assessment**

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) _____ Date _____

My Service Coordinator has informed me of all information related to my child's evaluation and/or assessment as well as the family-directed assessment and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention Parent Rights brochure (ohioearlyintervention.org/printed-materials). I understand I have dispute resolution options if I have an EI complaint. I understand that for my child to be served in the EI system, eligibility must be determined and my child's assessment completed. I also understand that my decision about the family-directed assessment does not impact my child's eligibility to receive EI services. I understand that my consent is voluntary and can be withdrawn at any time.

I consent to the _____ (Initials) evaluation of my child _____ (Initials) assessment of my child _____ (Initials) family-directed assessment.

Parent name(s)	Parent signature(s)	Date

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-03

Today's date	Child's name	Child's DOB	Parent name(s)	ETID number

Prior Written Notice of Eligibility Determination

Child's age	**Adjusted age (if applicable)**	**Date of eligibility determination**

Reason(s) for Referral

Eligibility Status

☐ **Your child is eligible for Ohio Early Intervention (EI)** due to a diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay. *

Diagnosed condition:
Documentation used to confirm diagnosis:

(* if your child is eligible for EI due to a diagnosed condition, then the remainder of this page and page 2 will not be completed)

☐ **Your child is eligible for Ohio Early Intervention (EI)** due to a developmental delay, as determined by the EI evaluation team, via **

☐ the scores on an evaluation tool or ☐ informed clinical opinion, in the following area(s):

☐ Expressive Communication ☐ Social/Emotional ☐ Fine Motor ☐ Adaptive
☐ Receptive Communication ☐ Cognition ☐ Gross Motor

☐ **Your child is NOT eligible for Ohio Early Intervention (EI).** Your child was evaluated by a multi-disciplinary team and your child shows no delay based on the scores of the evaluation and your team's clinical opinion. **

Methods Used to Determine Eligibility Status

Completion date

(** Only complete if child is eligible via developmental delay or not eligible)

- Review of child's history via medical/educational/other records _____
- Review of child's history via parent/family interview _____
- Observation _____
- Evaluation tool _____
  - ☐ Bayley Scales of Infant & Toddler Development
  - ☐ Battelle Developmental Inventory
- Hearing Checklist _____
- Vision Checklist _____
- Other (optional): _____

Ohio Department of Children & Youth
Help Me Grow Early Intervention

Summary of Evaluation Findings

Multidisciplinary Evaluation Team Members

Evaluator name:	*Discipline:*
Phone: *Email:*	☐ Developmental Specialist ☐ Speech-Language Pathologist ☐ Pre-K/K Educator ☐ Occupational Therapist ☐ Social Worker ☐ Physical Therapist ☐ Vision Specialist ☐ Nurse ☐ Hearing Specialist ☐ Other: ____________
Evaluator name:	*Discipline:*
Phone: *Email:*	☐ Developmental Specialist ☐ Speech-Language Pathologist ☐ Pre-K/K Educator ☐ Occupational Therapist ☐ Social Worker ☐ Physical Therapist ☐ Vision Specialist ☐ Nurse ☐ Hearing Specialist ☐ Other: ____________
Evaluator name:	*Discipline:*
Phone: *Email:*	☐ Developmental Specialist ☐ Speech-Language Pathologist ☐ Pre-K/K Educator ☐ Occupational Therapist ☐ Social Worker ☐ Physical Therapist ☐ Vision Specialist ☐ Nurse ☐ Hearing Specialist ☐ Other: ____________

If your child is eligible for Ohio Early Intervention:

Ohio EI proposes to work with you to develop an Individualized Family Service Plan (IFSP), including "outcomes" (or goals) and early intervention services needed to meet those outcomes. When Ohio EI determines that your child is eligible, you must receive prior written notice at least ten calendar days before beginning or changing an EI service, which will be added to your family's plan during an IFSP meeting. If desired, you will be able to waive the ten calendar days prior to beginning an EI service within Section 6 of the IFSP.

Your EI service coordinator will work with you to schedule an IFSP meeting.

Service Coordinator name	Phone number	Email address

If your child is NOT eligible for Ohio Early Intervention:

This means your child is currently demonstrating skills and behaviors similar to same-age children.

Ohio EI proposes to exit your child from the EI system no sooner than 10 days from the date of this notice. In the boxes below, your evaluation team has provided recommendations for promoting your child's development and potential community supports and resources that may be beneficial to your family.

As the parent, you have dispute resolution options available. A copy of your EI Parent Rights brochure is enclosed. Please contact your EI service coordinator if you have any questions about or disagree with these results. You may also contact the service coordinator if you have new concerns about your child's development before the age of three.

Service Coordinator name	Phone number	Email address

Community supports and resources which may be of interest:

Ideas and suggestions for promoting your child's development:

Form EI-04 Individualized Family Service Plan (IFSP)

Department of Children & Youth
Help Me Grow Early Intervention

IFSP type and date						ETID number
	☐ Initial		☐ Periodic		☐ Periodic	
	☐ Annual		☐ Periodic		☐ TPC	

Section 1: Child and Family Information

Child's first name	Last name	Nickname	Date of birth

Languages spoken with child	Interpreter needed? ☐ Yes ☐ No	Child's race and ethnicity	Child's school district of residence

Parent name	Address	Child lives with? ☐ Yes ☐ No

Relationship to child if not biological or adoptive parent	Phone: Cell (C); Home (H); Work (W)

Email address	Preferred contact method ☐ Call ☐ Email ☐ Text	Preferred contact times

Parent name	Address	Child lives with? ☐ Yes ☐ No

Relationship to child if not biological or adoptive parent	Phone: Cell (C); Home (H); Work (W)

Email address	Preferred contact method ☐ Call ☐ Email ☐ Text	Preferred contact times

Other important family information
(anything you want your team to know about your family's culture, spiritual beliefs, or living arrangements)

Section 2: Early Intervention Service Coordinator Information

Your Early Intervention (EI) Service Coordinator serves as the single point of contact for carrying out the following activities during your participation in EI. This includes -

- Explaining and ensuring your rights in EI
- Coordinating your child's initial eligibility
- Coordinating Individualized Family Service Plan (IFSP) meetings within required timelines including those requested by you
- Assisting the IFSP team with developing outcomes that are functional and reflect your concerns and priorities
- Assisting you in identifying, obtaining, funding, and monitoring needed EI services
- Assisting you with locating and connecting to other supports and resources that you need and want
- Facilitating the development of a transition plan before age three

Name of EI Service Coordinator	Phone	Email

Agency name	Supervisor name and contact information

Child's name: Date of birth: ETID number:

Section 3: Child and Family Assessment

Completion date of: _____ _____

Child Assessment **Family-Directed Assessment**

During the assessments of your child and family, the assessment team gathered information from a variety of sources. This information is summarized in the following pages and will be the basis for the development of outcomes and identification of strategies and activities to address the needs of your child and family.

The following child assessment activities must have been conducted or reviewed	**Completion date**
• Review of the eligibility documents	_____
• Review of child's history via medical/educational/other records	_____
• Review of child's history via parent/family interview	_____
• Gathering information from caregivers, family members, and/or others to understand full scope of the child's unique strengths and needs	_____
• Identification of child's level of functioning within your family's daily routines and activities	_____
• Hearing Checklist	_____
• Vision Checklist	_____
• Other (optional):	_____

Child's History Summary

This is a summary of the relevant information acquired through parent interview and medical, educational, or other records, including birth history, gestational age, medical conditions or diagnoses, illnesses, hospitalizations, medications, vision and hearing status/screenings, feeding/nutrition needs, and other developmental information.

Child's name: Date of birth: ETID number:

Daily Activities and Routines Summary

The Easiest or Most Enjoyable Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine go well?

The Most Challenging or Frustrating Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine challenging?

Summary of Your Child's Development

Children develop skills in three functional areas, known as the Three Child Outcomes: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet their needs. Your team has compiled information through observation, family interview, review of your child's records, and the information you shared about your child's participation in family activities and routines. These summaries of your child's present levels of development represent your child's individual strengths and needs in relation to same age peers. This link provides more information on the functional skill breakdown for each of the Three Child Outcomes.

Child's name: Date of birth: ETID number:

Developing Positive Social-Emotional Skills

This is a summary of how your child interacts and plays with the family, other adults, and other children. This includes how they (1) show affection to family members, (2) understand and use their name and the names of others, (3) communicate greetings and goodbyes, (4) play with familiar and unfamiliar adults and peers, (5) express ownership of toys and share with others, (6) show their feelings and calm when upset, and (7) participate in social rules and games, such as playing peek-a-boo, singing songs, dancing, pretend play, and taking turns.

For annual IFSP and at exit - Has your child shown any new skills or behaviors related to developing positive social-emotional skills since the most recent Child Outcome Summary rating? ☐ Yes ☐ No

Child Outcome Summary (COS) Rating Statement - Relative to same age peers, your child:

- ☐ Uses the skills expected of a much younger child in this area.
- ☐ Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☐ Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☐ Occasionally uses age-expected skills. They have more skills of a younger child in this area.
- ☐ Uses many age-expected skills. They have some skills of a younger child in this area.
- ☐ Uses the skills that we would expect in this area. However, there is potential for concern.
- ☐ Uses all the skills that we would expect in this area.

Child's name: Date of birth: ETID number:

Acquiring and Using Knowledge and Skills

This is a summary of how your child plays, learns new things, and communicates what they know to others. This includes how they (1) observe and learn from others, (2) problem-solve, (3) analyze new information, (4) engage in purposeful play, (5) "read" books, (6) understand directions, and (7) use gestures, words, or signs to tell others about the world and answer questions.

For annual IFSP and at exit - Has your child shown any new skills or behaviors related to acquiring and using knowledge and skills since the most recent Child Outcome Summary rating? ☐ Yes ☐ No

Child Outcome Summary (COS) Rating Statement - Relative to same age peers, your child:

- ☐ Uses the skills expected of a much younger child in this area.
- ☐ Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☐ Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☐ Occasionally uses age-expected skills. They have more skills of a younger child in this area.
- ☐ Uses many age-expected skills. They have some skills of a younger child in this area.
- ☐ Uses the skills that we would expect in this area. However, there is potential for concern.
- ☐ Uses all the skills that we would expect in this area.

Child's name: Date of birth: ETID number:

Using Appropriate Action to Meet Needs

This is a summary of how your child moves purposefully, helps to take care of themselves, and communicates what they want and need. This includes how they (1) move from place to place, (2) eat and drink, (3) participate in dressing and undressing, (4) sleep during their nap and overnight, (5) participate in bathing, diapering, and toileting, (6) follow directions about safety, and (7) communicate their wants and needs to others.

For annual IFSP and at exit - Has your child shown any new skills or behaviors related to using appropriate action to meet needs since the most recent Child Outcome Summary rating? ☐ Yes ☐ No

Child Outcome Summary (COS) Rating Statement - Relative to same age peers, your child:

- ☐ Uses the skills expected of a much younger child in this area.
- ☐ Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☐ Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.
- ☐ Occasionally uses age-expected skills. They have more skills of a younger child in this area.
- ☐ Uses many age-expected skills. They have some skills of a younger child in this area.
- ☐ Uses the skills that we would expect in this area. However, there is potential for concern.
- ☐ Uses all the skills that we would expect in this area.

Child's name: Date of birth: ETID number:

Family-Directed Assessment (FDA) Summary

FDA Conducted by: _____

Family Concerns

This is a summary of the concerns, difficulties, or challenges that your child and/or family experience during daily routines and activities that would be helpful for the EI team to address.

Family Resources

This is a summary of the resources that your child/family has for support, including people, activities, programs, or organizations, as well as resources that you do not currently have but want or could benefit from.

Family Priorities

This is a summary of the specific skills, activities, and/or resources that you would like your child and/or family to acquire as a result of early intervention services.

Child's name: Date of birth: ETID number:

Section 4: Your Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number: Date outcome added:	This **child** outcome addresses: ☐ Developing positive social relationships ☐ Acquiring and using new skills and knowledge ☐ Taking action to meet own needs	This **family** outcome addresses: ☐ Family well-being, family participation, or information

Outcome:

What's happening now with respect to this outcome?

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).

Review of this outcome: A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

Result of review: **Date of review:** _____

☐ Outcome met ☐ Continue outcome ☐ Revise outcome ☐ Outcome no longer a priority

New concerns or events that affect this outcome:

Progress made toward meeting this outcome:

Updated strategies:

Child's name: Date of birth: ETID number:

Section 4: Your Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number: Date outcome added:	This **child** outcome addresses: ☐ Developing positive social relationships ☐ Acquiring and using new skills and knowledge ☐ Taking action to meet own needs	This **family** outcome addresses: ☐ Family well-being, family participation, or information

Outcome:

What's happening now with respect to this outcome?

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).

Review of this outcome: A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

Result of review: **Date of review:** _____

☐ Outcome met ☐ Continue outcome ☐ Revise outcome ☐ Outcome no longer a priority

New concerns or events that affect this outcome:

Progress made toward meeting this outcome:

Updated strategies:

Child's name: Date of birth: ETID number:

Section 4: Your Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number: Date outcome added:	This **child** outcome addresses: ☐ Developing positive social relationships ☐ Acquiring and using new skills and knowledge ☐ Taking action to meet own needs	This **family** outcome addresses: ☐ Family well-being, family participation, or information

Outcome:

What's happening now with respect to this outcome?

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).

Review of this outcome: A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

Result of review: **Date of review:** _____

☐ Outcome met ☐ Continue outcome ☐ Revise outcome ☐ Outcome no longer a priority

New concerns or events that affect this outcome:

Progress made toward meeting this outcome:

Updated strategies:

Child's name: Date of birth: ETID number:

Section 5: Your Child and Family Transition Plan

The supports and services provided through Early Intervention end when the child turns three. This section serves as your transition plan and identifies the child and family transition needs and the steps and activities needed to make this transition from EI as smooth as possible. Your team will work with you to develop a plan and assist you to identify potential community supports or services that may be beneficial to your child and family.

Your plan will be developed between **9 months (** _____ **)** and **90 days (** _____ **)** before your child's third birthday.
Date Date

If your child was referred to EI within 90 days of their third birthday, your transition plan will be developed at your initial IFSP meeting.

This planning process will include:

- Discussion with you about your child and family's future needs, potential future services and placements, and details you may need about those service options.
- Procedures to prepare your child for changes in service delivery, including steps to help your child adjust to and function in a new setting. This may include anything from learning to get on a school bus, to separating from family members, to acquiring and using a communication or other assistive technology device in a new setting.
- Identifying the transition steps, activities, and any services that the IFSP team determines necessary to support the transition.
- With your consent (on the EI-07 Consent for Transition Planning Conference), a Transition Planning Conference (TPC) with any community service providers you have identified as potential resources.

While your child's name, date of birth, and your contact info has already been shared with your school district, the TPC is a time for you to share and learn additional information. If your child may be eligible for preschool special education services at age three, this planning process will also include conversations with you about the role of the school district and the process for obtaining your consent for sharing copies with your school district of the most recent evaluations, assessments and IFSP, and inviting the school district representative to a Transition Planning Conference.

Date transition outcome with steps and services developed:

Potential future resources, placements, and/or services:

Child transition outcome: What will your child need to make a smooth transition? Outcome number:

What steps and activities, including who and when, will help us meet this outcome?

This transition outcome addresses:
- ☐ Developing positive social relationships
- ☐ Acquiring and using new skills and knowledge
- ☐ Taking action to meet own needs

Family transition outcome: What will you need to support your child in this transition? Outcome number:

What steps and activities, including who and when, will help us meet this outcome?

Child's name: Date of birth: ETID number:

Review of transition outcome(s): A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

Result of review for child transition outcome: **Date of review:** _____

☐ Outcome met ☐ Continue outcome ☐ Revise outcome ☐ Outcome no longer a priority

Result of review for family transition outcome:

☐ Outcome met ☐ Continue outcome ☐ Revise outcome ☐ Outcome no longer a priority

New concerns or events that affect these outcomes:

Progress made toward meeting these outcomes:

Updated strategies, steps, and activities:

Child's name: Date of birth: ETID number:

Section 6: Early Intervention Services

Early Intervention services may be provided by a primary service provider (PSP) or a secondary service provider (SSP). The PSP directly assists/serves the family at all visits to support the outcomes and promote child learning and development. SSPs periodically support the PSP and family with the IFSP outcomes through joint visits. Joint visits occur as often as necessary based on the needs of the PSP and family. In addition to your provider(s), you always have access to a full team of EI providers available to support your family.

Using all the information available, the IFSP team has identified the following EI services to support our outcomes:

Date of IFSP:

EI Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date*	Projected End Date	Outcome Number(s)
☐ PSP ☐ SSP							☐ New Service		
☐ PSP ☐ SSP							☐ New Service		
☐ PSP ☐ SSP							☐ New Service		
☐ PSP ☐ SSP							☐ New Service		
☐ PSP ☐ SSP							☐ New Service		

Method: In-person (P); Technology (T) Location: Home (H); Community (C); Other (O)

*If any new or changed service is projected to occur within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP

Explanation of why any EI service(s) cannot be provided in a natural environment:

Steps that the EI Service Coordinator and family will take, including projected date, for moving the service(s) into a natural environment:

EI services that are needed, but not yet coordinated:

Steps that your EI Service Coordinator will take to coordinate the needed EI service(s):

Timely receipt of services (TRS) due by: _____

Child's name: Date of birth: ETID number:

Section 7: Team Participation

In addition to your valuable contributions to the development of this IFSP, the following individuals participated in the eligibility determination, assessment, and/or IFSP development:

EI Service Coordinator name:

Phone: *Email:*

Name: *Phone:* *Email:* *Role:* ☐Evaluator/Assessor ☐ Provider	*Discipline:* ☐ Developmental Specialist ☐ Speech-Language Pathologist ☐ Pre-K/K Educator ☐ Occupational Therapist ☐ Social Worker ☐ Physical Therapist ☐ Vision Specialist ☐ Nurse ☐ Hearing Specialist ☐ Other :
Name: *Phone:* *Email:* *Role:* ☐ Evaluator/Assessor ☐ Provider	*Discipline:* ☐ Developmental Specialist ☐ Speech-Language Pathologist ☐ Pre-K/K Educator ☐ Occupational Therapist ☐ Social Worker ☐ Physical Therapist ☐ Vision Specialist ☐ Nurse ☐ Hearing Specialist ☐ Other :
Name: *Phone:* *Email:* *Role:* ☐ Evaluator/Assessor ☐ Provider	*Discipline:* ☐ Developmental Specialist ☐ Speech-Language Pathologist ☐ Pre-K/K Educator ☐ Occupational Therapist ☐ Social Worker ☐ Physical Therapist ☐ Vision Specialist ☐ Nurse ☐ Hearing Specialist ☐ Other :
Name: *Phone:* *Email:* *Role:* ☐ Evaluator/Assessor ☐ Provider	*Discipline:* ☐ Developmental Specialist ☐ Speech-Language Pathologist ☐ Pre-K/K Educator ☐ Occupational Therapist ☐ Social Worker ☐ Physical Therapist ☐ Vision Specialist ☐ Nurse ☐ Hearing Specialist ☐ Other :

Other participant names	**Role/Relationship to family**

Child's name: Date of birth: ETID number:

Section 8: Prior Written Notice and Consent for EI Services

Parent Consent

I agree to the provision of these Early Intervention services described in this IFSP. I participated in the development of this IFSP and have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

I understand that when any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to my family and child, I must receive prior written notice at least ten calendar days before beginning or changing that EI service. I understand that this IFSP constitutes prior written notice about the proposed Early Intervention services and the details of the proposed initiation or change of services are described within Section 6 of the IFSP. Additional prior written notice is not needed for a service that was proposed to end using form EI-11 prior to this IFSP meeting.

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an EI service.

Initials of parent(s) _____ Date _____

Parent name _____ Parent signature _____ Date _____

Parent name _____ Parent signature _____ Date _____

EI Service Coordinator and Provider Consent

We acknowledge that the outcomes reflect the family's priorities and concerns, and the EI services support those outcomes. We agree to implement this IFSP in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Name	Discipline	Signature	Date
	EI Service Coordinator		

Form EI-05

Today's date	Child's name	Child's DOB	ETID number

Consent to Use Insurance for Early Intervention Services

Use of Private Insurance

My Service Coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 100 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.

I give my consent to bill my private insurance for Early Intervention (EI) services ☐ Yes ☐ No ☐ I do not have private insurance

Primary insurance policy number	Begin date	End date

Health insurance company name	Name of insured

Secondary insurance policy number	Begin date	End date

Health insurance company name	Name of insured

Parent name(s)	Parent signature(s)	Date

Use of Public Insurance

My Service Coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

☐ Yes ☐ No ☐ My child does not have Medicaid insurance

Medicaid recipient/billing number

Parent name(s)	Parent signature(s)	Date

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-06

Today's date | Child's name | Child's DOB | ETID number

Consent for Release or Exchange of Information

You, the parent, have access to any part of your child's Early Intervention (EI) record. An EI record means all records regarding your child that are collected, maintained, or used under the federal law, Part C of the Individuals with Disabilities Education Act.

Except for your child's name, date of birth and your contact information which is shared with your school district, your EI information cannot be shared with any person or agency outside of the EI system without your permission. With your permission, information may be shared orally or in writing. You may decide what information you want to share or do not want to share. A copy of this form will be released to the agency or person when you give permission to release or exchange information. Parent consent is not needed for certain limited reasons. Please refer to your Parent Rights Brochure for those reasons.

I give consent for Ohio Early Intervention to release or exchange with

Name and/or agency:

Contact information (if available):

the following information about my child/me:

- ☐ Individualized Family Service Plan (IFSP)
- ☐ Results of eligibility determination
- ☐ EI case notes
- ☐ The entire EI record
- ☐ Other (specify)

Using the following methods:

- ☐ phone/text/video
- ☐ in person
- ☐ email/fax/digital upload
- ☐ paper records

The purpose of the release or exchange of information is to assist with:

- ☐ Eligibility determination for Ohio EI
- ☐ Transition from EI to preschool or other community programs
- ☐ Development of the IFSP
- ☐ The child's services and progress
- ☐ Other (specify)

If applicable, describe any limitations in the release or exchange of information:

This consent is valid:

- ☐ Until my child's third birthday on
- ☐ From to

My Service Coordinator or EI provider has informed me of all information related to release or exchange of information and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure (ohioearlyintervention.org/printed-materials). I understand I have dispute resolution options if I have an EI complaint. I understand and agree to the release or exchange of my child's information. I understand that even though I agree to the exchange of information, other non-early intervention agencies may require their own forms for release of information.

Parent Name(s) | Parent Signature(s) | Date

If this form is completed by a person other than the EI Service Coordinator, the EI provider must send a copy to the EI Service Coordinator within five calendar days of signed consent.

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-07

Today's date	Child's name	Child's DOB	ETID number

Consent for Transition Planning Conference (TPC)

Before your child turns three (3) and you leave Early Intervention, a transition planning conference is helpful in planning how we may assist you in making the transition from Early Intervention to the services and supports your child may be eligible to receive at age 3. This conference must occur at least 90 days, but no sooner than 9 months, before your child's 3rd birthday. Prior to scheduling this meeting, you and your EI team may identify others, including any community service providers, you want to invite to this meeting.

☐ I give consent to scheduling a TPC

☐ I do not give consent to scheduling a TPC

If your child may be eligible for preschool special education services, your local school district will be responsible for providing those services. It is beneficial to invite your school district representative who will explain the process for determining "Part B" special education preschool eligibility. Other community service providers may also be invited to this meeting.

☐ I give consent to inviting the school district representative to my TPC

☐ I do not give consent to inviting the school district representative to my TPC

If you, with your EI team, believe your child is NOT potentially eligible for preschool special education services OR you do not want to invite your school district, we can schedule a transition planning conference with any other community service providers you have identified as potential resources.

Parent name(s)	Parent signature(s)	Date

Form EI-08

Today's date	Child's name	Child's DOB	ETID number

Consent to Refer Child to Local Educational Agency and the Ohio Department of Education and Workforce (DEW)

Ohio Early Intervention (EI) has recently received a referral for your child. Because EI is a program for children with developmental delays and disabilities from birth until age three, your child is too close to the age of three for EI to determine your child's eligibility. However, if you suspect your child may have a developmental delay or disability, your child may be eligible for preschool special education services under Part B of the Individuals with Disabilities Education Act.

You may contact your school district yourself to make a referral.

If you would like EI to contact your school district to make a referral, we are required to obtain your consent. With your consent, we will use this form to provide your contact information and your child's name and date of birth to your school district, which is responsible for your child's education, and to ODEW.

I have been fully informed of and understand that my contact information and my child's name will be shared with my local school district and with ODEW. I have received a copy of the Ohio Early Intervention Parent Rights brochure (ohioearlyintervention.org/printed-materials) with this form. I understand that I have dispute resolution options if I have an EI complaint. I consent to EI giving my child's name and date of birth and my contact information to my school district and ODEW.

Parent name(s)	Parent signature(s)	Date
Parent street address	Parent email address	Parent phone number
Parent city, state, ZIP code		

*After parent signature is obatained, this signed form must be emailed to EI@childrenandyouth.ohio.gov to ensure the referral is complete.

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-10

Today's date | Child's name | Child's DOB | ETID number

Parent name(s)

Prior Written Notice of Exiting

Ohio Early Intervention (EI) is proposing to end EI services for you and your child. Ohio EI will retain a copy of your child's record until your child's ninth birthday. You have the right to review or request your child's record. Ohio Early Intervention is proposing to exit your child from the EI system no sooner than 10 calendar days from the date of this notice for the following reason:

- ☐ Your child was screened and not suspected of having a developmental delay or disability. You may request an evaluation at any time by contacting your EI service coordinator.
- ☐ The required evaluation or assessment was not completed.
- ☐ Your child does not meet the eligibility requirements for EI services.
- ☐ Your child moved out of the state of Ohio.
- ☐ Your child's IFSP outcomes are met, and the team determined no additional IFSP outcomes are needed.
- ☐ You let us know that you are no longer interested in or able to participate in EI services at this time.
- ☐ We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice if you are still interested in receiving EI services.
- ☐ Your child transitioned to Part B services with an IEP prior to the age of three.

Proposed date of exit: ☐

Comments:

As the parent, you have dispute resolution options available. A copy of the EI Parent Rights brochure (ohioearlyintervention.org/printed-materials) is enclosed. If you are still interested in receiving early intervention services or believe the reason for exiting your child is unclear or inaccurate, please contact me.

EI Service Coordinator name | EI Service Coordinator contact information

You may track your child's development here - www.helpmegrow.org/ASQ.
You may re-refer at any time before your child turns three years old by contacting Central Intake at 1-800-755-4769 or by visiting www.ohioearlyintervention.org.

Department of Children & Youth
Help Me Grow Early Intervention

Form EI-11

Today's date | Child's name | Child's DOB | ETID number

Parent name(s)

Prior Written Notice of Proposed Change to Services

Ohio Early Intervention (EI) services are determined through the Individualized Family Service Plan (IFSP) process. Prior written notice for those services is provided through the IFSP form at the IFSP meeting. However, when any Ohio EI service provider proposes to end an EI service prior to an IFSP meeting, you must be given this prior written notice at least ten calendar days before ending that EI service. Your service coordinator will contact you to schedule an IFSP meeting to determine the next steps.

Ohio Early Intervention is proposing to end one or more EI service(s) for your child and your family.

Details about proposed change

Reason for proposed change

Proposed date of change (no fewer than 10 days from today's date)

Please contact me as soon as possible if you have any questions about this action.

EI service provider name | EI service provider contact information

As the parent, you have dispute resolution options available. A copy of your Ohio Early Intervention Parent Rights brochure (ohioearlyintervention.org/printed-materials) is enclosed. If you have any questions, please contact your EI service coordinator at:

EI Service Coordinator name | EI Service Coordinator contact information

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing the proposed activity.

Initials of parent(s) | Date

On (date) (name/role) provided a copy of this notice and consent form to the parent(s)

☐ in-person ☐ via mail ☐ via email.

If this form is completed by a person other than the EI Service Coordinator, the EI provider must send a copy to the EI Service Coordinator within five calendar days of providing notice to the parent.

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-12

Child's name | Child's DOB | Parent name(s) | ETID number

Documentation of Diagnosed Condition

I give consent for this form to be sent to my medical professional in order to obtain documentation of my child's diagnosis and impact on development.

Parent signature | Date

Dear medical professional — Under the state and federal requirements for eligibility under Part C of the Individuals with Disabilities Education Act (IDEA), most medical diagnoses do not result in automatic eligibility for Early Intervention (EI). However, a professional licensed to diagnose and treat mental or physical conditions may determine that a diagnosed condition for the particular child is likely to result in a developmental delay. The EI team will then conduct a comprehensive assessment to determine the child's program needs. **In order for EI eligibility to be determined using this form, all fields must be completed.**

Please state the child's specific diagnosis in the box. Do **not** include "global delay," "developmental delay," or developmental concerns, such as "speech concerns."

☐ I suspect that this child's medical condition is likely to result in a developmental delay in at least one of the following developmental areas (check all that apply)

- ◯ Communication
- ◯ Social/emotional
- ◯ Motor
- ◯ Adaptive/self-care/independence
- ◯ Vision
- ◯ Cognitive/problem solving
- ◯ Hearing
- ◯ Other (specify) _____

Comments (optional)

☐ I do **not** have a reason to believe that this child's medical condition is likely to result in a developmental delay. However, I understand that the parent and child still have the right to a developmental evaluation to determine eligibility.

Professional Licensed to Diagnose and Treat Mental or Physical Conditions

Name | License type | Phone

Signature | Email | Date

Please return this form to the child's Early Intervention Service Coordinator

EI Service Coordinator name | Fax number | Email

EI Service Coordinator Use Only

Date form received _____

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-13

Today's date | Child's name | Child's DOB | ETID number

Parent name(s)

Individualized Family Service Plan (IFSP) Meeting Notice

It is time for our meeting to:

- ☐ Develop an interim IFSP until we can complete the assessment and schedule the initial IFSP
- ☐ Review the eligibility and assessment information and develop the first (initial) IFSP
- ☐ Conduct a periodic review of the IFSP to determine the degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes, or Early Intervention services identified in the IFSP, is necessary
- ☐ Review assessment information and develop the annual IFSP
- ☐ This IFSP meeting will include the transition planning conference.

We agreed to schedule the IFSP meeting for

Date | Time | Location

The following Early Intervention (EI) service providers have been invited to the IFSP meeting. They will be sent a copy of this notice.

Name, role or agency | Name, role or agency

Name, role or agency | Name, role or agency

You have requested that the following individuals be invited to participate in the IFSP meeting. They will be sent a copy of this notice.

Name, role or relationship | Name, role or relationship

Name, role or relationship | Name, role or relationship

If you have any questions or want to change anything about this meeting, please contact me, your EI Service Coordinator:

EI Service Coordinator name | EI Service Coordinator contact information

Ohio Department of Children & Youth

Help Me Grow Early Intervention

Form EI-14

Professional Referral Follow-up

Today's date | Name of referred child | Child's DOB | Date of EI program referral

Name of professional who referred child | Agency name | Professional or agency contact info

☐ The EI program did not obtain the parent consent to share information on the status of the child's referral. Please contact the family for more information.

☐ Attempts to reach the parent were unsuccessful. Let us know if you have updated contact information for the parent.

The parent consented to sharing the following information:

☐ The parent declined Ohio Early Intervention services.

☐ The child is eligible for Ohio Early Intervention and the IFSP has been developed.

☐ The child was evaluated and is not eligible for Ohio Early Intervention.

☐ A developmental screening was provided and the child is not suspected of having a delay or disability.

Other:

My Service Coordinator has informed me of all information related to sharing the status of my child's referral to EI and explained my parent rights, including giving consent. I have a copy of the Ohio EI Parent Rights brochure (ohioearlyintervention.org/printed-materials). I understand I have dispute resolution options if I have an EI complaint. I understand and consent to share information about the status of my child's referral to the professional who made the referral.

Parent name(s) | Parent signature(s) | Date

Ohio Early Intervention appreciates your referral! You may re-refer at any time by contacting Central Intake at 1-800-755-4769 or go to www.ohioearlyintervention.org.

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-15

Today's date | Child's name | Child's DOB | ETID number

Determination of Parent Ability to Pay for Early Intervention Services

Documentation (only one is required)

☐ (A) Ohio Medicaid card ☐ (B) Ohio WIC card ☐ (C) Parent income

Parent initials

I understand that providing my income information allows the EI Service Coordinator to determine if I may be eligible for other income based resources. However, I have chosen not to share my financial information and understand that according to OAC 5123-10-03 (D), I will be responsible for paying the cost of early intervention services beyond the first publicly funded 100 units.

Parent income: ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family size: _____

Pay stub date(s) _____

Gross amount(s) _____

Parent income: ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family size: _____

Pay stub date(s) _____

Gross amount(s) _____

Total annual income: _____

Family income less than or equal to Healthy Start Eligibility for uninsured children? (206% FPL) Yes ☐ No ☐
https://ohioearlyintervention.org/system-of-payments

I have seen and reviewed the documentation provided by the parent per OAC 5123-2-10-03 (D) and have determined the parent is ☐ unable ☐ able to pay for Early Intervention services.

EI Service Coordinator name | Date

EI Service Coordinator signature

I have reviewed the information used to complete this form and my Service Coordinator has explained to me the determination of whether I am able or unable to pay for EI services. I have a copy of the Ohio Early Intervention System of Payments brochure (ohioearlyintervention.org/printed-materials). I understand I have dispute resolution options if I have an EI complaint.

Parent name(s) | Parent signature(s) | Date

Department of Children & Youth
Help Me Grow Early Intervention

Form EI-16

State use only:
EI-16 received:
Reviewed by:
CMACS #:
Entered into CMACS:
Email sent:

Today's date | Child's name

ETID number | Child's DOB

Payment for Early Intervention (EI) Services

Parent name			Parent name		
Address			Address		
City	State	ZIP	City	State	ZIP
Social Security Number	Relationship to child		Social Security Number	Relationship to child	
Home phone	Work phone		Home phone	Work phone	
EI Service Coordinator's name			EI Service Coordinator's email		

Name of provider agency: **County:**

Able to pay? ☐ **Yes** ☐ **No** **Child's gender:** ☐ **Male** ☐ **Female**

Family consented to use of public or private insurance? ☐ **Yes (please attach EI-05)** ☐ **No**

Are services provided in the natural environment? ☐ **Yes** ☐ **No** **Most recent initial/annual IFSP Date:**

Recommended IFSP Early Intervention Services (add additional pages if necessary)

IFSP type: ☐ Initial ☐ Annual ☐ Periodic ☐ EI-16 Resubmission

Mark Recommended Services	EI Service	Frequency (ie: 8 x 45 mins/180 days	IFSP Signature Date	IFSP End Date	State Use Only	
					SVC Category	Units
☐	Eval/Assessment				43 ☐ 07 ☐	
	Team/IFSP meetings				EICAT1	
☐	Speech/OT Feeding Therapy				ST	
☐	Speech				THER	
☐	OT					
☐	PT					
Quote attached? ☐	Assistive Tech					
☐	EI service not listed:					

State notes only

Department of Children & Youth

Help Me Grow Early Intervention

Form EI-17

Today's Date	Child's Name	Child's DOB	ETID Number

Extraordinary Medical Expenses Worksheet

Parent Name(s): _____

Parent Income: ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family Size: _____

Pay Stub Date(s) _____

Gross Amount(s) _____

Parent Income: ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family Size: _____

Pay Stub Date(s) _____

Gross Amount(s) _____

Total Annual Income: _____

Calculations for family income at 210-401% or greater Federal Poverty Level (FPL) may be found at https://ohioearlyintervention.org/system-of-payments.

Total Annual Income	x	EME	=	Out-of-Pocket Medical Expense

I have calculated the anticipated out-of-pocket medical expenses based on the most recent federal poverty level as determined by the US Department of Health and Human Services and published in the Federal register, and have shared this information with the parent. DCY will use this information to make the final determination of the family's extraordinary medical expenses.

EI Service Coordinator Name _____ Date _____

EI Service Coordinator Signature _____

Department of Children & Youth

Help Me Grow Early Intervention