

FORM EI-14: PROFESSIONAL REFERRAL FOLLOW-UP GUIDANCE RESOURCE

Form Overview

The Professional Referral Follow-up form, or Form EI-14, is used to notify a professional referral source, such as a physician, children's services staff, or child care provider, of the outcome of a referral made to the early intervention program. The form lets the professional referral source know that the referral was received and offers an update on the status of the EI referral. The type of information that is shared using the Professional Referral Follow-up form will depend on whether the parent was able to be contacted and, if so, whether they consented to sharing status information. Ensuring that referral follow-up is sent not only strengthens relationships with professional referral sources by building trust and credibility, but also increases the likelihood that they will continue to refer to the program.

The form is required to be sent to the referral source within 10 calendar days after the initial IFSP meeting or after the child's exit, whichever comes first. Early Intervention Service Coordinators (EISCs) will send this form for all referrals that come from a professional referral source; what is shared on the form, however, will depend on whether the EISC was able to contact the parent and, if so, whether the parent consented to sharing the status of their child's referral to EI.

The EISC completes the top of the form with the child and referral source information. If the EI program contacted the parent, the EISC explains to the parent what information will be shared, with their consent. The consent section also includes language regarding parent rights. The EISC is required to explain parent rights and provide the *Ohio Early Intervention Parent Rights* brochure. If the parent consents, they attest to having this brochure and sign and date the consent statement. The EISC then selects the appropriate statement and sends the form to the referral source within 10 days after either the IFSP meeting or after the child has been exited, if the child exited without an IFSP.

If the parent was not contacted or did not provide consent, the EISC selects one of the two top boxes and sends the form to the professional referral source.

If a child is referred by more than one referral source, the referral follow-up form is only sent to the entity/person that made the initial referral.

The form is not sent to the Ohio Department of Health for ODH NAS, lead, or hearing loss referrals.

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GUIDANCE RESOURCE

EISC Explanation of Form to Parents

Example A

“As you begin your journey into early intervention, I want you to know that we do not share any information you have given us without your signed permission. Your information will remain confidential unless you give us permission otherwise. Did you know that Dr. XXXX made this referral on your behalf due to concerns with your child’s speech and feeding? Did Dr. XXXX discuss this with you during your last visit? With your permission, I would like to follow up with him to provide him with (insert child’s name) status in EI. The follow up would be sent within 10 days of (insert child’s name) initial IFSP meeting or exit from EI, whichever comes first. If you give your consent for this, I will need your written signature on this form which will allow me to follow up with Dr. XXXX.”

Example B

“As you know, (insert name of referral source) made the referral for (insert child’s name) to the Ohio Early Intervention program. This form is used to follow up with the referral source and provide them with a status update of your child’s referral to Ohio Early Intervention. As the parent, you have the right to decide what information you want to be shared, if any. The form will include your child’s name, date of birth, ETID number, the date our agency received the referral, and the professional referrer’s agency information. (Show the parent the form).

*Should you provide consent by signing and dating this form, we would notify the referral source that **a)** you declined services, **b)** your child has been determined eligible for Early Intervention and an IFSP has been developed, **c)** your child was evaluated and is not eligible for services, **d)** a developmental screening was provided and your child is not suspected of having a delay or disability*, and/or **e)** other (which can include any additional information you would like us to share with the referral source).*

If you do not provide consent, you will not need to sign the form. In this case, we would send the form to the referral source informing them that we did not obtain your consent to share information on the status of your child’s referral and ask them to contact you directly for more information. This form is sent to the referral source within 10 calendar days of your child’s initial IFSP or exit from EI, whichever comes first.”

**A developmental screening should not be conducted if the professional referral source is a physician or medical provider suspecting a delay.*

Rule References

OAC 5123-10-02 (N)(13)