

# Form EI-14

## Professional Referral Follow-up

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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:

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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](http://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.

*Sarah Cosgrove*

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](http://www.ohioearlyintervention.org).***



**Department of  
Children & Youth**

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