

Form EI-01

Today's date _____ Child's name _____ Child's DOB _____
Parent name(s) _____ EIDS number _____

Service coordinator use only

On (date), a copy of this notice and consent was provided to the parent(s)

in-person via mail via email

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, observing the child, and using a screening instrument that covers all areas of development. 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. I understand I have dispute resolution options if I have an EI complaint. I understand and consent to the developmental screening of my child.

Parent name(s) _____

Signature of parent(s) _____

Date _____

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 _____



Department of
Developmental Disabilities

An Equal Opportunity Employer and Provider of Services
July 2019



Form EI-02

Today's date _____ Child's name _____ Child's DOB _____
Parent name(s) _____ EIDS number _____

Service coordinator use only
On _____ (date), a copy of this notice and consent was provided to the parent(s)
 in-person via mail via email

Prior Written Notice and Consent for Developmental Evaluation and Assessment

Early Intervention (EI) eligibility may be determined through an evaluation. The developmental evaluation is conducted by an EI team — one or more professionals — to determine your child's eligibility. The assessment, usually 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; and
- Use of evaluation and assessment tool(s) which provides information about your child's development in communication, adaptive/self-care, social/emotional, cognitive/thinking/problem solving, motor/movement, vision, and hearing.

This information, along with the information you provide about your family's resources, priorities, and concerns, sets the stage for developing the Individualized Family Service Plan and determining 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.

My service coordinator has informed me of all information related to evaluation and/or assessment and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I consent to the evaluation assessment of my child (check one or both, as applicable).

Parent name(s) _____ Parent signature(s) _____ Date _____

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

Form EI-03

Today's date

Child's name

Child's DOB

Parent name(s)

EIDS number

Service coordinator use only

On (date), a copy of this notice and consent was provided to the parent(s)

in-person via mail via email.

Date FDA offered

Prior Written Notice and Consent for the Family-Directed Assessment

Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers to enhance the child's development and participation in everyday activities. As a parent, you know your child better than anyone. You know what happens daily that brings delight or offers unique challenges for you and your family.

The family-directed assessment is your opportunity to tell your EI team in more detail about your concerns and priorities for including your child successfully in all your daily activities and the potential resources to assist you. The family-directed assessment is voluntary, and only family members who wish to participate will be included.

You have the right to share as much or as little about your family as you like. Written notice must be provided to you at least 10 calendar days before the family-directed assessment.

My service coordinator has informed me of all information related to family-directed assessment and explained my parent rights, including giving consent. I have a copy of the Ohio EI Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I consent to the family-directed assessment.

I do not consent to the family-directed assessment.

Parent name(s)

Parent signature(s)

Date

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

Form EI-04 Individualized Family Service Plan (IFSP)

IFSP type and date Initial _____ Periodic _____ Annual _____
 Periodic _____ Periodic _____

EIDS number _____

Section 1: Child and Family Information

Child's first name	Last name	Nickname	Date of birth
Languages spoken with child	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's race and ethnicity	School district of residential parent
Parent name	Address	Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child if not biological or adoptive parent	Phone; Cell (C); Home (H); Work (W)		
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text	Preferred contact times	

Parent name	Address	Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child if not biological or adoptive parent	Phone; Cell (C); Home (H); Work (W)		
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text	Preferred contact times	

Section 2: 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 and ongoing 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,
- and facilitating the development of a transition plan before age three.

Name of service coordinator	Phone	Email
Agency name	Supervisor name and contact information	

Timely receipt of services (TRS) due by _____

Periodic six-month review due by _____

Transition outcome and planning conference (TPC) due not fewer than 90 calendar days and not more than 9 months prior to the child's 3rd birthday _____

Section 3: Eligibility and Assessment

Section 3A: Eligibility

Initial Eligibility

Your child is eligible for Ohio Early Intervention (EI) due to:

Developmental delay, as determined by EI evaluation team, on _____ (date). See section 3B for the summary of eligibility.

Diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay.

Diagnosed condition _____

Date EI service coordinator confirmed diagnosed condition _____

Annual Eligibility

Your child is:

Eligible until age three and re-determination of eligibility is not applicable.

Eligible at this year's re-determination due to:

Developmental delay, as determined by EI evaluation team, on _____ (date). See section 3B for the summary of eligibility.

Diagnosed condition _____

Date EI service coordinator confirmed diagnosed condition _____

Section 3B: Evaluation Summary

Below is a summary of your child's current level of functioning in all developmental domains. The evaluation team explains what was learned about your child's development through the evaluation process.

- I. Tool administration:** In this section, the evaluation team documents what tool was used, the date(s) of administration, and results (including whether a delay is present based on scores or clinical opinion) in all developmental domains (adaptive, physical [gross and fine motor, vision, hearing], communication, social emotional and cognition). The location of testing and notations of any adaption to the tool or environment (adaptive equipment, interpreter, sign language) are included.

- II. Review of your child's history:** This is a summary of what the evaluation team learned through parent interview and reviewing health (such as medical, vision, hearing, nutrition, genetics, and specialized clinic) and education records (such as early head start and childcare providers).

- III. Personal observation of your child:** This is a summary of what the evaluation team learned from observing your child during the evaluation. This includes the type of activities your child participated in, with whom your child interacted, and your child's reaction to new and familiar situations and people, including the evaluation team.

- IV. Information from other sources as necessary to obtain an understanding of your child's unique development:** Any other type of information that you shared but was not documented elsewhere may be included here.

Section 3C: Family-Directed Assessment (FDA) Summary

This section summarizes what you told the assessment team about your family's priorities, concerns, and resources.

Date completed	Name of assessment tool(s) used to conduct the FDA	Name of person who completed the FDA
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Family resources: The people most important and routinely in our child's life and the role they play in our family:

The agencies, organizations, services, and activities that are most important to our family's life right now:

Family routines: Our family enjoys participating in the following routines and activities:

Family concerns: The concerns, difficulties, or challenges that our family experiences during daily routines and activities that would be helpful for the EI team to address:

Family priorities: These are the resources that our child and family need, including family support, activities, programs and organizations:

At this time, we would like the EI team to help us most with:

Section 3D: Other information: We would like our team to know:

Section 3E: Assessment Summary

For children to be active and successful participants at home and in their communities, they need to develop skills in three functional areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet their needs. Your team uses information about your child's present levels of development, your family's concerns, resources and priorities, and your daily routines to understand your child's individual needs in relation to same age peers. This information supports the development of meaningful outcomes for your child and family.

Developing Positive Social-Emotional Skills

Summary of how our child interacts and plays with the family, other adults, and other children. This includes skills, such as (1) communicating and interacting with family, friends, caregivers, and others, (2) showing his or her feelings, (3) playing social games, such as a peek-a-book or turn-taking, using words, sounds, signs, or gestures, (4) calming down when upset (5) and showing understanding of social rules, such as sharing and taking turns.

Child's strengths

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- | | |
|--|---|
| <input type="checkbox"/> has all of the skills that we would expect of a child his or her age in the area of this outcome. | <input type="checkbox"/> is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome. |
| <input type="checkbox"/> has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. | <input type="checkbox"/> is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome. |
| <input type="checkbox"/> shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome. | <input type="checkbox"/> might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area. |
| <input type="checkbox"/> shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome. | |

For annual IFSP and at exit. Has our child shown any new skills or behaviors related to *developing positive social-emotional skills* since the last child outcome summary rating? Yes No

Acquiring and Using Knowledge and Skills

Summary of how our child learns new things and uses basic language, communication, and problem solving skills. This includes (1) copying others actions, (2) problem-solving, (3) using gestures, words, or signs, (4) communicating needs and wants, (5) understanding directions, (6) and communicating his or her own thoughts and ideas.

Child's strengths

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- | | |
|--|---|
| <input type="checkbox"/> has all of the skills that we would expect of a child his or her age in the area of this outcome. | <input type="checkbox"/> is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome. |
| <input type="checkbox"/> has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. | <input type="checkbox"/> is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome. |
| <input type="checkbox"/> shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome. | <input type="checkbox"/> might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area. |
| <input type="checkbox"/> shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome. | |

For annual IFSP and at exit. Has our child shown any new skills or behaviors related to *acquiring and using knowledge and skills* since the last child outcome summary rating?

Yes No

Using Appropriate Action to Meet Needs

Summary of how our child is beginning to take care of his or her own needs, such as moving from place to place, eating independently, and taking care of basic needs. This includes (1) letting me know when he or she is hungry, (2) letting someone know when he or she needs help, (3) working on getting something that is out of reach, and (4) how much help our child needs with dressing, eating, using the toilet, and communicating.

Child's strengths

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- has all of the skills that we would expect of a child his or her age in the area of this outcome.
- has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns.
- shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome.
- shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome.
- is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome.
- is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome.
- might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area.

For annual IFSP and at exit. Has our child shown any new skills or behaviors related to *using appropriate action to meet needs* since the last child outcome summary rating? Yes No

Multidisciplinary Evaluation and Assessment Team Members

Printed name

Discipline

Contact information

Section 4: Our 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 information the team learned from the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directed assessment (if conducted).

Outcome number	This child outcome addresses	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input type="checkbox"/> Taking action to meet own needs	<input type="checkbox"/> Outcome addresses family participation, family well-being, or information	<input type="checkbox"/> Outcome addresses transition
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Given what you've shared about your family's daily life, what would you like to see happen within your family's activities as a result of EI supports and services. How will we know when it is accomplished?

What's happening now?

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

Supports that we currently have available to help us 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

<input type="checkbox"/> Outcome met	<input type="checkbox"/> Progress made; continue with current outcome, strategies and services	<input type="checkbox"/> Continue outcome and revise strategies and/or services	<input type="checkbox"/> Revise outcome, strategies, and services	<input type="checkbox"/> No longer parent priority
_____	_____	_____	_____	_____
Date	Date(s)	Date(s)	Date(s)	Date

New concerns or events that affect this outcome

Progress made toward meeting this outcome

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

El service type	Method	Location	How often	Session length	Provider agency	Funding source	Projected start date	Projected end date	Outcome number(s)

Method: Direct (D); Joint (J) • In-person: (P); Technology (T)

Location: Home (H); Community (C); Other (O)

For each EI service that will not be provided in our child's natural environment, an explanation of why the outcome(s) cannot be achieved in a natural environment is provided.

List steps that the service coordinator and family will take, including projected date, for moving the service into a natural environment.

List any EI service that is needed, but not yet coordinated.

Steps that the service coordinator will take to coordinate the needed EI service(s).

Timely receipt of services (TRS) due by _____

Section 5: Consent for EI Services

I 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 have received prior written notice about the proposed Early Intervention services and agree to the provision of these Early Intervention services described in this IFSP.

Parent signature

Parent name

Date

Parent signature

Parent name

Date

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

Signature	Name, role, and agency	Participation method	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Participation method: In-person (P); Technology (T); Written (W)

Form EI-05

Today's date

Child's name

Child's DOB

Parents name(s)

EIDS 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 55 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 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 signature(s)

Date

Form EI-06

Today's date _____

Child's name _____

Child's DOB _____

Parent name(s) _____

EIDS number _____

Service coordinator use only

Date received from other EI qualified personnel, if applicable

Consent for Release of Records and Consent for Release and/or Exchange of Information

As a parent, you have the right to give permission or not give permission for the release of your child's Early Intervention (EI) records to other persons or agencies who are not part of the EI system. A copy of this form will be released to the agencies or persons when you give permission to release records. If you do not want these agencies or persons to be aware of your permissions for other agencies, please request the use of multiple release of record forms. As a parent, you have access to any part of your child's 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.

Consent for Release of Records

I give consent for the following EI records to be released

Individualized Family Service Plan (IFSP)

Progress notes

Results of evaluation/assessments

Other (specify) _____

To the following agencies or persons

Purpose of the release of records

This consent is valid

Until my child's third birthday on

For one year. Specify end date

From to

My service coordinator or EI provider has informed me of all information related to release of records and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and agree to the release of my child's records.

Parent name(s) _____

Parent signature(s) _____

Date _____



Department of
Developmental Disabilities

An Equal Opportunity Employer and Provider of Services
July 2019



Consent for Release and/or Exchange of Information

I give consent for the release and/or exchange of the following information orally, in writing, or electronically

Between Early Intervention and the following agencies or persons

Purpose of the release or exchange of information

This consent is valid

Until my child's third birthday on

For one year. Specify end date

From to

I have been fully informed of all information related the release and/or exchange of information about my child or my child's Early Intervention records. 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.

Parent name(s)

Parent signature(s)

Date

Form EI-07

Today's date

Child's name

Child's DOB

Parent name(s)

EIDS number

Service coordinator use only

On (date), a copy of this consent was provided to the parent(s)

in-person via mail via email

Consents for Transition

School District and Ohio Department of Education (ODE) Notification: Ohio Early Intervention (EI) seeks your consent to share your child's name and your contact information with the Ohio school district responsible for your child's education and with the ODE. This information helps school districts plan for preschool special education programs for the upcoming year.

My service coordinator has informed me of all information related to sharing my child's name and date of birth and my contact information with the school district and ODE and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I understand and consent to sharing my child's name and date of birth and my contact information with the school district and ODE.

I do not consent to sharing my child's name and date of birth and my contact information with the school district and ODE.

Parent name(s)

Parent signature(s)

Date

Transition Planning Conference (TPC): If your child may be eligible for preschool services under part B of IDEA, Ohio Early Intervention (EI) seeks your consent to schedule a transition planning conference with a representative from your school district who will explain the process for determining part B preschool eligibility. This conference must occur at least 90 days, but no sooner than 9 months before your child's 3rd birthday.

If your child is determined not to be potentially eligible for preschool services under part B of IDEA, EI seeks your consent to schedule a transition planning conference with other community service providers you and your team have identified.

My service coordinator has informed me of all information related to the transition planning conference (TPC) and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I understand and give consent to scheduling a TPC.

I do not give consent to a TPC.

Parent name(s)

Parent signature(s)

Date

Form EI-08

Today's date _____ Child's name _____ Child's DOB _____
Parent name(s) _____ EIDS number _____

Service coordinator use only		
On _____	(date), a copy of this consent was provided to the parent(s)	
<input type="checkbox"/> in-person	<input type="checkbox"/> via mail	<input type="checkbox"/> via email

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

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 give 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 the ODE.

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 ODE. I have received a copy of the Ohio Early Intervention Parent Rights brochure 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 ODE.

Parent name(s) _____ Parent signature(s) _____ Date _____

Form EI-09

Today's date _____ Child's name _____ Child's DOB _____
Parent name(s) _____ EIDS number _____

Service coordinator use only

On _____ (date), a copy of
this notice was provided to the parent(s)
 in-person via mail via email

Prior Written Notice of Determination of Ineligibility

Evaluation Summary

Your child was evaluated in all developmental domains, using more than one method and by more than one discipline. The evaluation team identified that your child shows no delay based on scores and clinical opinion. Your child is currently demonstrating skills and behaviors similar to same-age children and is not eligible for Early Intervention. Below, the team has summarized your child's current level of functioning in all developmental domains. They explain what was learned about your child's development through personal observations of your child, testing (including which test(s) administered), review of your child's history, and other information you provided.

- I. **Tool administration:** In this section, the evaluation team documents what tool was used, the date(s) of administration, and results in all developmental domains (adaptive, physical [gross and fine motor, vision, hearing], communication, social emotional and cognition). The location of testing and notations of any adaption to the tool or environment (adaptive equipment, interpreter, sign language) are included.

- II. **Review of your child's history:** This is a summary of what the evaluation team learned through parent interview and reviewing health (such as medical, vision, hearing, nutrition, genetics, and specialized clinic) and education records (such as early head start and childcare providers).

III. Personal observation of your child: This is a summary of what the evaluation team learned from observing your child during the evaluation. This includes the type of activities your child participated in, with whom your child interacted, and your child's reaction to new and familiar situations and people, including the evaluation team.

IV. Information from other sources as necessary to obtain an understanding of your child's unique development: Any other type of information that you shared but was not documented elsewhere may be included here.

Multidisciplinary Evaluation and Assessment Team Members

Printed name

Discipline

Contact information

Ideas and suggestions for promoting your child's development

Community supports and resources which may be of interest to you

As the parent, you have dispute resolution options available. A copy of your Early Intervention (EI) Parent Rights brochure is enclosed. Please contact your EI service coordinator if you have any questions about 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

Service coordinator contact information

Form EI-10

Today's date _____

Child's name _____

Child's DOB _____

Parent name(s) _____

EIDS number _____

Service coordinator use only

On _____ (date), a copy of this notice was provided to the parent(s)

in-person via mail via email

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 days from the date of this notice for the following reason(s):

- | | |
|--|--|
| <input type="checkbox"/> 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. | <input type="checkbox"/> Your child's IFSP outcomes were met and your child's IFSP team agreed that no additional IFSP outcomes are needed. |
| <input type="checkbox"/> You did not provide consent for the evaluation or assessment of your child. | <input type="checkbox"/> You have ended participation in the EI system. |
| <input type="checkbox"/> Your child does not meet the eligibility requirements for EI services. | <input type="checkbox"/> We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice. |
| <input type="checkbox"/> The required re-determination of eligibility was not completed. | <input type="checkbox"/> Your child moved out of the state of Ohio. |
| <input type="checkbox"/> The required annual child assessment was not completed. | <input type="checkbox"/> Your child transitioned to Part B services with an IEP prior to the age of three. |
| <input type="checkbox"/> You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time. | |

Comments:

As the parent, you have dispute resolution options available. A copy of the EI Parent Rights brochure is enclosed. If you 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 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.

Form EI-11

Today's date _____ Child's name _____ Child's DOB _____

Parent name(s) _____ EIDS number _____

Prior Written Notice of Proposed Change to Services

When any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to your family and child, we must give you prior written notice at least ten calendar days before beginning or changing that EI service.

Ohio Early Intervention is proposing to begin change 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 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 or beginning 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.

Form EI-12

Documentation of Diagnosed Condition

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 eligibility for EI may be established for this child for one year. 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.**

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

Select one box below

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)

- | | |
|-------------------------------------|---|
| <input type="radio"/> Communication | <input type="radio"/> Social/emotional |
| <input type="radio"/> Motor | <input type="radio"/> Adaptive/self-care/independence |
| <input type="radio"/> Vision | <input type="radio"/> Cognitive/problem solving |
| <input type="radio"/> Hearing | <input type="radio"/> 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

Service coordinator name Fax number Email

Service coordinator use only

Date form received _____ EIDS number _____

Form EI-13

Today's date _____

Child's name _____

Child's DOB _____

Parent name(s) _____

EIDS number _____

Service coordinator use only

On _____ (date), a copy of this notice was provided to the parent(s) in-person via mail via email. Notices were sent to others on _____ (date).

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 the eligibility and 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

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

In addition, the following Early Intervention 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

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

_____ Service coordinator name

_____ Service coordinator contact information



Department of
Developmental Disabilities

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July 2019



Form EI-14

Service coordinator use only: Date referral

received by local EI SC agency

Professional Referral Follow-up

Only with parent consent, a copy of this form will be provided to the professional who referred the child to Early Intervention (EI).

Today's date

Name of referred child

Child's DOB

Name of professional who referred child

Agency name

Professional or agency contact info

My service coordinator has informed me of all information related to sharing the status of my child's referral to Early Intervention (EI) and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. 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

- Parent did not give consent to share information on the status of the child's referral. Please contact the family for more information.
- Repeated attempts to reach the parent were unsuccessful. Let us know if you have updated contact information for the parent.

The parent was contacted and the following occurred:

- Parent declined Early Intervention services
- In process of determining eligibility
- Eligible for Ohio Early Intervention
- Not eligible for Ohio Early Intervention
- The Early Intervention team, including the parent, determined no Early Intervention services were needed at this time

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.

Form EI-15

Today's date _____

Child's name _____

Child's DOB _____

Parent name(s) _____

EIDS 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 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 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 55 units.

Parent initials

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.

Parent Signature

Date

Form EI-16

Service coordinator use only

On (date/within 30 days of signed IFSP), this form submitted to DODD with forms EI-04 EI-05 EI-15

Today's date _____ Child's name _____

EIDS number _____ Child's DOB _____

Payment for Early Intervention Services

Parent name			Parent name		
Address			Address		
City	State	ZIP	City	State	ZIP
Social security number			Social security number		
Home phone	Work phone		Home phone	Work phone	
Email			Email		
Child's address				County	
City	State	ZIP	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female

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

Category of service	Name and address of provider	Frequency	Source of payments

Service coordinator's signature		Date	Service coordinator's email		
Service coordinator's name		Agency name		Telephone number	
Address		City		State	ZIP

I hereby authorize the service coordinator listed above to submit this application to the Ohio Department of Developmental Disabilities for payment of services for the child named on this application.

Parent name(s) _____ Parent signature(s) _____ Date _____

For DODD Use Only

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial 55 Units <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional services request <input type="checkbox"/> Yes <input type="checkbox"/> No	Met extraordinary medical <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective date	Expiration date
DODD Staff _____				Date _____	

Form EI-17

Today's date _____

Child's name _____

Child's DOB _____

Parent name(s) _____

EIDS number _____

Extraordinary Medical Expenses Worksheet

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>.

_____ x _____ = _____
Annual income 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. DODD 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
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Form EI-18

Family Out-of-Pocket Medical Expenses Tracking Sheet

Child's name _____

Child's DOB _____

Family yearly income _____

IFSP year _____

Out-of-pocket medical expenses from form E-17 _____

For EI service coordinator submission to DODD:

Early Intervention forms EI-15, EI-16, EI-17 attached with IFSP?

Yes

No

Receipt number	Date payment was made	Payment was for	Amount of medical expense	Amount paid by you <small>(Attach receipts for amounts over \$100)</small>

Child's name _____

Receipt number	Date payment was made	Payment was for:	Amount of medical expense	Amount paid by you (Attach receipts for amounts over \$100)

For Program Use Only

Out-of-pocket medical expense met? Yes No

Department's authorized initials