

Form EI-04  
Individualized Family  
Service Plan  
and EI-09 (PWN of  
Determination of  
Ineligibility)



# Ohioearlyintervention.org

## Early Intervention Rules 2019

Locate trainings and other  
resources related to the  
revised Early Intervention  
rules effective Jul 1, 2019.

## **Rule Courses on MyLearning**

- Procedural Safeguards 5123-10-01
- Program 5123-10-02
- System of Payments 5123-10-03
- Credentialing 5123-10-04
- Forms
- [MyLearning](#)
- [MyLearning Instructions](#)

The IFSP is a written plan for providing EI services to an infant or toddler with a disability and to the child's family.

This presentation was developed to assist personnel in completing the IFSP process using Form EI-04.

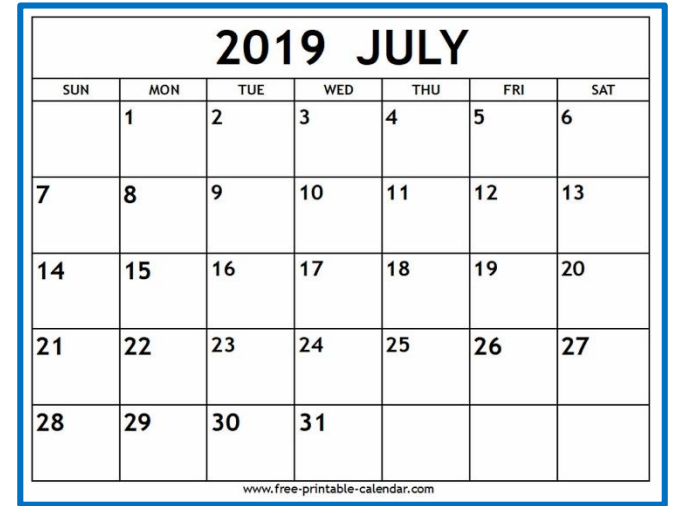
Form EI-04 must be used to document the requirements found in Ohio Administrative Code (OAC) 5123-10-02 as well as Appendices A, B, and C.



# Questions: Timeline for using new IFSP

Question: When do IFSPs currently in play need to be transferred over to the new IFSP form? Would it be at the naturally occurring IFSP review, or annual?

Question: If a child is referred, evaluated and assessed in June 2019 and the IFSP is scheduled on or after July 1, 2019, do we use the new IFSP form or the old one?



2019 JULY						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

www.free-printable-calendar.com

The initial IFSP and any subsequent periodic reviews prior to the annual IFSP are documented on the family's first IFSP

When changes are made to the IFSP during a periodic review, the parent and other IFSP team members are given a copy of the changed pages.

For smaller errors (errors that do not take away from the content or intent of the IFSP) corrections are made on a clean page with explanation to the family and providers. Keep the corrected version in the child's record.

**Document everything**, such as “error found” or “error corrected.”

At an annual review, a new copy of the IFSP form is completed.



## **Completing the IFSP**

Be concise when completing the IFSP

When it is not possible to provide all information within the allotted space, type “See attached” in that section and use the blank “Overflow” pages to add information

**Be sure to include the EIDS number and IFSP section reference on the “overflow” page.**



# Section 1: Child and Family Information

## Form EI-04 Individualized Family Service Plan (IFSP)

IFSP type  Initial \_\_\_\_\_  Periodic \_\_\_\_\_  Annual \_\_\_\_\_  
 and date  Periodic \_\_\_\_\_  Periodic \_\_\_\_\_

EIDS number

### Section 1: Child and Family Information

Child's first name	Last name	Nickname	Date of birth
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Languages spoken with child	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's race and ethnicity	School district of residential parent
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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 1: Questions

Question: Regarding race and ethnicity, we have had families where dad identifies the child one way and mom identifies with another ethnicity (e.g. Mexican American vs. Hispanic), both of which are in our drop down. Do we keep it general or be as specific as possible? Also, under race, people will identify as Hispanic or Latinx. We've been identifying this group as "other" since what they family identifies is not an option for us.

Question: For "languages spoken with the child," do you want us to recognize a primary language?

Question: School district of residential parent – what do we do when we don't know where the baby was born or biological mom's information?



# Section 2: Service Coordinator Information

## 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
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Agency name	Supervisor name and contact information
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Timely receipt of services (IRS) due by  July 2019	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
----------------------------------------------------------	----------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

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
July 2019		

# Page 1: Timelines

Several dates are recorded on the IFSP form so that the EI service coordinator and parent can track and plan for important dates

The EI service coordinator is responsible for determining and recording the due dates, as well as ensuring adherence to mandated timelines

**Form EI-04 Individualized Family Service Plan (IFSP)** 110 Early Intervention

IFSP type  Initial  Annual  Other  Periodic **Page 1** EIDS number \_\_\_\_\_

**Section 1: Child & 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 \_\_\_\_\_ School district of residential parent \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_

July 2019

## **Section 3: Eligibility and Assessment**

This section documents

- a) how the child is eligible for EI, and
- b) identifies the eligible child's unique strengths and needs, gathered via the child assessment

Remember: The EI service coordinator is responsible for coordinating and explaining the eligibility process, providing PWN, and obtaining informed consent from the parent using Form EI-02



## **Section 3: Eligibility and Assessment**

The EI service coordinator documents sections **3A** and **3D**.

The professionals who conducted the evaluation and assessment activities write sections **3B**, **3C**, and **3E**.

Credentialed EI service coordinators may conduct and document the FDA (section **3C**).



## 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: \_\_\_\_\_

## Ineligibility

If a child is found **not eligible**, do not complete section 3A.

The evaluation team will complete **Form EI-09 Prior Written Notice of Determination of Ineligibility** and the EI service coordinator will complete **Form EI-10 Prior Written Notice of Exiting** and provide copies of both to the parents.

## 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 \_\_\_\_\_

## Section 3A: Questions

Question: The first box should be checked for children qualified through evaluation and ICO the second for diagnosis on or off the list; is this correct?

# Section 3C: Questions

Question: Family concerns, priorities and what we would like the EI team to help us most with could get repetitive. We would like to know if that is acceptable and examples of what should go in each box.

Question: For family priorities, is this for EI and non-EI services? Or just services not provided by EI?

Question: Could we have examples of what would go in the “Other Information” section. Can this be left blank if the family states they have nothing to add?

Child's name	EIDS number	
<b>Section 3C: Family-Directed Assessment (FDA) Summary</b>		
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
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: Questions

Question: Our team has a difference of opinion on what information should be documented under child's strengths and child's needs. we would like to see a few examples of what you would like documented under child strengths.

Child's needs: Is this what the child needs to do (next steps) or what supports the child needs to reach the goals? An example and more information would be helpful for each area of COS.

Child's name \_\_\_\_\_ EIDS number \_\_\_\_\_

**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

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# Form EI-09 Prior Written Notice of Determination of Ineligibility (Page 1)

This form only includes evaluation information and is used only when a child is evaluated and found not to be eligible.

It is completed in the same way as section 3B of the IFSP.

## 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).

# Form EI-09: Questions

Question: Is the team filling this out or do EISCs just use the Battelle to fill this out?

Question: We only need two disciplines but there are three places for the assessment team's information. Do we add EISC information here?

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.

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**Multidisciplinary Evaluation and Assessment Team Members**

Printed name	Discipline	Contact information
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Ideas and suggestions for promoting your child's development

Community supports and resources which may be of interest to you

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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.

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Service coordinator name \_\_\_\_\_ Service coordinator contact information \_\_\_\_\_

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**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.

# Section 3E: COS Statements

Child's name: \_\_\_\_\_ LICs number: \_\_\_\_\_

**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. Monitor 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

## Page 5

Summary of how our child interacts and plays with other children. This includes skills, such as (1) communicating and interacting with others, (2) showing his or her feelings, (3) playing social games, such as a game of tag, hide-and-seek, or tag with a ball, (4) 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

- 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 IRSP and 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

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# Section 4: Questions

Question: “This child outcome addresses” - can the EISC pick more than one if the outcome addresses multiple areas of development?

Question: “Family outcome” – Please define when these boxes should be checked (family-based outcome vs child-based outcome), and can both boxes be checked?

Child's name \_\_\_\_\_ EIDS number \_\_\_\_\_

**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 _____	<input type="checkbox"/> 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

\_\_\_\_\_

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## Section 4: Questions

**Question: “What’s happening now?”**

**We would like to see support and examples of how to keep this strengths-based while showing what is truly happening in the family’s lives.**

**Question: Supports we currently have available: we would like a few examples.**

**Question: Grid - sometimes we may change the frequency or “how often” of an outcome. Do we change the outcome number as well?**



# Section 4: Questions

Question: For each EI service that will not be provided in our child's natural environment, can we review the definition of natural environment? This includes locations other than the home, correct?

Question: "Any EI service that is needed but not yet coordinated;" services listed here should only go on the grid after the service/provider has been identified, correct?

Child's name \_\_\_\_\_ EDS number \_\_\_\_\_

### 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).

**Page 8**

**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

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## 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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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# Section 5: Consent for EI Services

After the EI service coordinator has fully informed the parents of information related to the provision of EI services, including provision of EI-11 PWN, the parents provide consent to implement the IFSP.

If they consent, the parents will print and sign their first and last names and indicate the date of consent.

If a parent does not provide consent, then EI services cannot be provided.

# Section 5: Questions

Question: How do we fill out the signature page when the participants are participating via technology?

Child's name \_\_\_\_\_ EIDS number \_\_\_\_\_

**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)

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# Reminders

Parent may decline EI services at any point. When a parent declines **all** services, the EI service coordinator documents the parent's decision in case notes and provides the parent with **Form EI-10 Prior Written Notice of Exiting** along with a copy of the EI Parent Rights brochure.

Once signed by the parents, an IFSP is a legal, binding document.

**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):

- 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.
- Your child's IFSP outcomes were met and your child's IFSP team agreed that no additional IFSP outcomes are needed.
- You did not provide consent for the evaluation or assessment of your child.
- You have ended participation in the EI system.
- Your child does not meet the eligibility requirements for EI services.
- We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice.
- The required re-determination of eligibility was not completed.
- Your child moved out of the state of Ohio.
- The required annual child assessment was not completed.
- Your child transitioned to Part B services with an IEP prior to the age of three.
- 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](http://www.ohioearlyintervention.org).*

**Ohio** | Department of Developmental Disabilities  
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Thank  
you!

