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