Form EI-0	07			
			Service coordinator use only	
Today's date	Child's name	Child's DOB	On (date), a copy of this consent was provided to the parent(s)	
			in-person via mail via email	
Parent name(s)		EIDS number		
Consents	for Transition		_	
your consent t for your child's	o share your child's name	and your contact information wit DDE. This information helps school	ch the Ohio school district responsible of districts plan for preschool special	
and my contac consent. I have	ct information with the sch	ool district and ODE and explaine Intervention (EI) Parent Rights bro	ring my child's name and date of birth ed my parent rights, including giving ochure. I understand I have dispute	
\prod I understand \prod with the s	and and consent to shar school district and ODE.	ring my child's name and date	of birth and my contact information	
	consent to sharing my cl strict and ODE.	hild's name and date of birth a	nd my contact information with the	
Parent name(s)	Parent signature(s)	Date	
of IDEA, Ohio I representative	Early Intervention (EI) seek from your school district v	who will explain the process for d	preschool services under part B sition planning conference with a etermining part B preschool eligibility. s before your child's 3rd birthday.	
	o schedule a transition pla		vices under part B of IDEA, EI seeks nmunity service providers you and your	
and explained	my parent rights, including		transition planning conference (TPC) f the Ohio Early Intervention (EI) Parent n EI complaint.	
Underst	and and give consent to	scheduling a TPC.		
I do not o	give consent to a TPC.			
Parent name(s)	Parent signature(s)	Date	



