

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