

# 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 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 Ohio Department of Education (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 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 my contact information with the school district and ODE.

I do not consent to sharing my child's name 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 no sooner than 9 months and at least 90 days 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 \_\_\_\_\_