

# Form EI-08

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

<b>Service coordinator use only</b>					
On	<input type="text"/>	(date), a copy of this consent was provided to the parent(s)			
<input type="checkbox"/>	in-person	<input type="checkbox"/>	via mail	<input type="checkbox"/>	via email

## Consent to Refer Child to the Local Educational Agency and the Ohio Department of Education

Ohio Early Intervention (EI) has recently received a referral for your child. Because EI is a program for children with developmental delays and disabilities from birth until age three, your child is too close to the age of three for EI to determine your child's eligibility. However, if you suspect your child may have a developmental delay or disability, your child may be eligible for preschool special education services under Part B of the Individuals with Disabilities Education Act.

You may contact your school district yourself to make a referral.

If you would like EI to contact your school district to make a referral, we are required to obtain your consent. With your consent, we will give your contact information and your child's name to your school district, which is responsible for your child's education, and to the Ohio Department of Education (ODE).

I have been fully informed of and understand that my contact information and my child's name will be shared with my local school district and with ODE. I have received a copy of the Ohio Early Intervention Parent Rights brochure with this form. I understand that I have dispute resolution options if I have an EI complaint. I consent to EI giving my child's name and my contact information to my school district and ODE.

Parent name(s) \_\_\_\_\_ Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_