

Program Information

Rhode Island Early Intervention
Prior Written Notice



Date: ____/____/____

Child's Last Name

Child's First Name

DOB: ____/____/____

ID#

Early Intervention is required to provide you with prior written notice within a reasonable time before beginning any of the actions listed below. This notice may be provided to you by mail, email or fax.

- Multidisciplinary Evaluation/Assessment – The purpose of a multidisciplinary evaluation and/or assessment is to determine your child’s eligibility for early intervention services and to identify the strengths and needs of your child and family. The multidisciplinary evaluation/assessment is conducted by at least 2 qualified professionals who will evaluate your child in the areas of: adaptive, cognitive, communication, physical (including vision and hearing), social and emotional, and health. Your participation as a member of the evaluation and/or assessment team is important. A family directed assessment is included to help identify your concerns, priorities and resources needed related to your child’s development. The team will review your child’s medical and developmental records and observe your child in his/her everyday routines. Refusal to consent to the initial evaluation and/or assessment means your child will not be able to receive early intervention services.

The activity(ies) indicated above will occur on ____/____/____ @ ____
Date Time Location/Address

- Eligibility /Individualized Family Service Plan (IFSP) Meeting – An Eligibility/IFSP meeting occurs when your child has a Multidisciplinary Evaluation/Assessment. Initial eligibility for early intervention services must occur within 45 calendar days from the date your child was referred. If your family needs additional time beyond the 45 days, it is important that you tell your service coordinator. At the Eligibility/IFSP meeting your child’s evaluation/assessment results will be reviewed with you and eligibility for early intervention will be determined. If your child is not eligible, you will receive an explanation and the decision will be given to you in writing. If you disagree with the decision you have the right to dispute it. If your child is eligible a meeting to begin writing the IFSP will be scheduled. IFSP development may require more than one visit. You will receive notice for all IFSP meetings in writing. The IFSP is a written plan developed in partnership with your family and professionals to meet the ongoing needs of your child and family. It can be changed at any time. The IFSP is written only if your child is eligible for services and may or may not occur on the same day your child’s evaluation and/or assessment is conducted. You may request an IFSP meeting at any time.

The activity(ies) indicated above will occur on ____/____/____ @ ____
Date Time Location/Address

- Individualized Family Service Plan (IFSP) meeting

- ___ Meeting to develop, review or revise the Individualized Family Service Plan
- ___ Meeting to develop the annual Individualized Family Service Plan
- ___ Transition Conference

An IFSP meeting occurs before any decisions are made about early intervention services for your child. The purpose of the IFSP meeting is for parents, Early Intervention staff, and any other people you would like to invite, to meet to discuss and review developmental information, and make decisions about outcomes to work on, and what services, supports and strategies are needed to achieve those outcomes. You are an important member of the IFSP team. The IFSP meeting is a time to talk about what is working well or what changes may need to happen. You may request an IFSP meeting at any time.

The activity(ies) indicated above will occur on ____/____/____ @ ____
Date Time Location/Address

A copy of my procedural safeguards is attached with this notice. If you have any questions about this notice please call

Name _____ at _____ Telephone _____