

Appendix E

SAMPLE CONSENT FORM <NAME OF COUNTY> - EARLY INTERVENTION PROGRAM

CONSENT FORM FOR TRANSITION CONFERENCE

DATE:	
Child's Name:	EI #:
Last First	
Name of Parent/Legal Guardian:	Phone No.
Home Address:	School District:
Service Coordinator:	Phone No.
Early Intervention Official/Designee:	Phone No.
CPSE Chair:	Phone No.

Please Read

I understand that to ensure my child continues to receive services on and after his/her third birthday, s/he must be referred to, evaluated by, and, before his/her third birthday, found eligible for preschool special education services the Committee on Preschool Special Education of my local school district (the district in which child resides).

I understand that as of my child's third birthday, my child will no longer be eligible for the Early Intervention Program unless s/he has been found eligible for preschool special education programs and services. **EIP services will end the day before my child turns three years old.**

Consent to Convene a Transition Conference

☐ **I give my consent to the <Name of County> Early Intervention Program** to arrange a transition conference, which will include the EIO, my service coordinator, and chairperson of the CPSE or his/her designee, to discuss my child's referral to the CPSE, program and service options, and develop a transition plan. I also consent to the following agency(ies) or individual(s) attending: _____

☐ I do NOT wish to have the <Name of County> Early Intervention Program convene a transition conference. I understand that my child must be referred to, evaluated by, and, before the day s/he turns three years of age, be found eligible by the CPSE for services, to continue to receive Early Intervention Program services on and after s/he turns three years of age.

Parent Name

Parent Signature

Date