

Appendix E

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

CONSENT FORM FOR TRANSITION CONFERENCE

Table with 2 columns and 8 rows containing fields for DATE, Child's Name, Name of Parent/Legal Guardian, Home Address, Service Coordinator, Early Intervention Official/Designee, and CPSE Chair.

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...
I do NOT wish to have the <Name of County> Early Intervention Program convene a transition conference.

Parent Name Parent Signature Date