

**Rhode Island Early Intervention Program
Exit/Discharge Form**

ID: _____

Service Coordinator: _____

Last Name _____ First Name _____ MI _____

Exit/Discharge Date: ____/____/____

Please select **ONLY ONE** box that reflects the most accurate reason for Exit/Discharge:

EXIT (child with no IFSP)

- Attempts to contact unsuccessful
- Child did not qualify for EI
- Deceased
- Family switched to another EI site
- Moved out of state
- Withdrawal by parent or guardian

DISCHARGE (child with IFSP)

- Attempts to contact unsuccessful
- Deceased
- Family switched to another EI site Date Effective: ____/____/____ Site: _____
- Moved out of state
- Withdrawal by parent or guardian **(If selected fill out referral section, if appropriate)**
- Not eligible for Part B, no referrals
- Part B eligibility not determined
- Completion of IFSP outcomes prior to age 3 **(If selected fill out referral section, if appropriate)**
- Not eligible for Part B, referred to other program(s) **and complete referral section**

- PART B ELIGIBLE - If selected fill out information below

SPECIAL EDUCATION SERVICES INFORMATION:

Name of Town responsible for Special Education services: _____

IEP Date: ____/____/____

or

Anticipated IEP Date: ____/____/____

Reason anticipated:

Referral Section: Please check all categories for referrals made and use notes to record other referrals.

- | | |
|--|---|
| <input type="checkbox"/> Child Outreach | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Community Mental Health Centers | <input type="checkbox"/> Family Support Programs |
| <input type="checkbox"/> Comprehensive Child Care Services | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> CEDARR Family Centers | <input type="checkbox"/> Nutrition Services (WIC) |
| <input type="checkbox"/> Community Resources | <input type="checkbox"/> Rhode Island Community Action Agencies |

Notes: