
Certified Early Intervention providers are required to develop policies and procedures to hire, orient, train, supervise and maintain sufficient Early Intervention personnel to meet federal and state Early Intervention regulations. Policies and procedures must meet the following requirements:

**Hiring
Policies and
Procedures**

Pre-employment requirements for all personnel include:

- Educational backgrounds and experience align with position qualifications.
- Detailed job descriptions for all personnel which address program management/supervisory hierarchy; functional tasks and responsibilities, required skills, training and experience; and licensure or certification requirements when applicable.
- All qualified professionals providing Part C early intervention supports and services in Rhode Island whether employed on a full-time or part-time basis, or under a contractual agreement, must meet the discipline-specific qualifications specified in Table A at the end of this section and have the skills and knowledge to work with infants and toddlers with disabilities and their families. Compliance with continuing education requirements necessary to maintain certificate, license or registration in relevant disciplines, is required.
- Personnel information that supports the qualification of all employees and contractors must be available on site for review by the Lead Agency (e.g., copy of current license, copy of school transcript and degree, or any other pertinent documentation.)
- A staffing report must be provided to the lead agency at least quarterly or upon request.
- Credentials are verified through primary source verification.
- Employment background checks, Background Criminal Investigations (BCIs) and CANTS are performed for all potential employees.

Pre-employment requirements for personnel include:

- EI providers must provide agency and program specific orientation to all employees.
- Ethics and confidentiality must be included in personnel orientation.
- All personnel must have valid certification in First Aid for children and young adults including management of airway and rescue breathing (CPR)

**Staff
Training**

Requirements related to staff training must include:

Policies and Procedures

- The Lead Agency, in collaboration with its partners, provides a comprehensive system of personnel development to assure qualified EI staff throughout the EI system. EI providers assure participation of their staff at appropriate education and training events aligned with the Rhode Island Early Intervention Competencies. (see Appendix)
- The Lead Agency reserves the right to require EI providers to participate in statewide training events or professional development.
- Completion of *Introduction to EI* course within six months of date of hire is required for all staff providing early intervention supports and services. Contracted staff may be offered an alternative method to the *Introduction to EI* course by the EI provider approved by the Lead Agency.
- All staff must have an annual professional development plan tied to the *Rhode Island Early Intervention Competencies*. Supervisors must have an annual professional development plan tied to the *Rhode Island Early Intervention Supervisor Competencies*. These plans shall be made available to the Lead Agency upon request.
- Personnel files shall contain documentation of all completed agency orientation and trainings and *Intro to Early Intervention*.
- The organization must provide a clear supervisory structure that includes at least one supervisor identified per site.
- EI supervisors must provide supervision in alignment with the *Rhode Island Early Intervention Supervisor Competencies*.

Using Contracted Qualified Professionals

Certified Early Intervention providers may utilize qualified professionals not employed by their program in order to meet the needs of children and their families.

RI Early Intervention Programs utilize contracted qualified providers through 2 methods:

- Certified EI programs may utilize other certified EI programs. These providers bill insurance directly for the provision of services utilizing the shared billing arrangement in the Rhode Island Early Intervention Care Coordination System (Welligent).

OR

- Certified EI programs may have a contract with a qualified professional or agency. The EI program in which the child is enrolled is responsible for data entry and the claims process.

**Using Contracted
Qualified
Professionals**
(Continued)

- All certified EI providers are responsible for ensuring contracted providers adhere to federal and state requirements in the *RI Early Intervention Certification Standards*.
- All EI providers utilizing contracted providers must maintain documentation and ensure that individuals providing supports and services to children in EI and their families meet the definition of qualified personnel outlined in Rhode Island Early Intervention Policy and Procedures: Early Intervention Personnel and Table A. and that they have the skills and knowledge to work with infants and toddlers with disabilities and their families.
- Choosing a contracted provider to work with a child/family begins with the development high quality outcome(s). If the IFSP team needs additional resource to meet the needs of the child and/or family then contracted provider(s) may be considered.
- The decision to add services from another EI program or contracted provider, including a one-time consultation visit, must be made by the IFSP team. All procedural safeguards must be adhered to and/or provided.
- Contracted providers must complete and send SRFs to the certified EI program in a timely manner to meet all data entry timelines and facilitate communication. There are other key times contracted providers should provide input, for example, when the team is preparing for IFSP meetings and/or the transition process. Input can be provided in the format that makes the best sense for the team.

Discipline	Qualifications	Practitioner Level		EI Services
		Level I	Level II	
Audiologist	Licensed as an audiologist by the State Board of Examiners for Speech Pathology and Audiology: Rhode Island Department of Health		X	Audiology Assistive Technology Device Multidisciplinary Evaluation/Assessment Service Coordination Team Coordination Team Treatment
Board Certified Behavior Analyst	Certified as a Behavior Analyst by the Behavior Analyst Certification Board		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Psychology Service Coordination Team Coordination Team Treatment
Board Certified Assistant Behavior Analyst	Certified as an Assistant Behavior Analyst by the Behavior Analyst Certification Board		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Psychology Service Coordination Team Coordination Team Treatment
Educator	Masters in Early Childhood Education; Early Childhood Special Education Or Bachelor's Degree in Early Childhood Education and 12 graduate credits in Early Childhood Education or Bachelor's Degree in Early Childhood Special Education and 12 graduate credits in Early Childhood Special Education Or Certified by the Rhode Island Department of Education as an Early Childhood Education teacher, Early Childhood Special Education teacher, All Grades Special Education–Visually Impaired teacher, All Grades Special Education–Deaf and Hard of Hearing teacher or All Grades Special Education–Severe Intellectual Disability teacher Or Early Intervention Certificate		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Family Training Education and Support Service Coordination Team Coordination Team Treatment

Discipline	Qualifications	Practitioner Level		EI Services
		Level I	Level II	
Early Interventionist I	<p>Bachelor's Degree in Early Childhood Education, Child Development; Early Childhood Special Education, Social Work, Psychology, Communication Disorders, Nutrition or a related EI field</p> <p>Or</p> <p>Bachelor's Degree in a non-related field and three years' experience working with or caring for infants and toddlers with special health care needs and their families</p> <p>Or</p> <p>High School diploma and 6 years' experience working with or caring for infants and toddlers with special health care needs and their families</p>	X		<p>Family Training</p> <p>Education and Support</p> <p>Service Coordination</p> <p>Team Coordination</p> <p>Team Treatment</p>
Marriage and Family Therapist	Licensed as a Marriage and Family Therapist by the Board of Mental Health Counselors and Marriage and Family Therapists: Rhode Island Department of Health		X	<p>Assistive Technology</p> <p>Device</p> <p>Multidisciplinary Evaluation/Assessment</p> <p>Psychology</p> <p>Service Coordination</p> <p>Team Coordination</p> <p>Team Treatment</p>
Mental Health Counselor	Licensed as a Clinical Mental Health Counselor by the Board of Mental Health Counselors and Marriage and Family Therapists: Rhode Island Department of Health		X	<p>Assistive Technology</p> <p>Device</p> <p>Multidisciplinary Evaluation/Assessment</p> <p>Psychology</p> <p>Service Coordination</p> <p>Team Coordination</p> <p>Team Treatment</p>
Physician/ Psychiatrist	Licensed by the Board of Medical Licensure and Discipline: Rhode Island Department of Health		X	<p>Assistive Technology</p> <p>Device</p> <p>Multidisciplinary Evaluation/Assessment</p> <p>Psychology</p> <p>Service Coordination</p> <p>Team Coordination</p> <p>Team Treatment</p>
Nurse	Licensed as a Registered Nurse by the Board of Nurse Registration and Nursing Education: Rhode Island Department of Health		X	<p>Assistive Technology</p> <p>Device</p> <p>Multidisciplinary Evaluation/Assessment</p> <p>Nursing</p> <p>Service Coordination</p> <p>Team Coordination</p> <p>Team Treatment</p>
Registered Dietician	Licensed by the Rhode Island State Board of Dietetics: Rhode Island Department of Health		X	<p>Assistive Technology</p> <p>Device</p> <p>Multidisciplinary Evaluation/Assessment</p> <p>Nutrition</p> <p>Service Coordination</p> <p>Team Coordination</p> <p>Team Treatment</p>

Discipline	Qualifications	Practitioner Level		EI Services
		Level I	Level III	
Occupational Therapist	Licensed by Board of Occupational Therapy within the Division of Professional Regulation: Rhode Island Department of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Occupational Therapy Service Coordination Team Coordination Team Treatment
Certified Occupational Therapist Assistant	Licensed by Board of Occupational Therapy within the Division of Professional Regulation: Rhode Island Department of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Occupational Therapy Service Coordination Team Coordination Team Treatment
Optometrist and Ophthalmologist	Licensed by Board of Optometry: Rhode Island Department of Health Licensed by the Board of Medical Licensure and Discipline: Rhode Island Department of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Vision Service Coordination Team Coordination Team Treatment
Physical Therapist	Licensed by Board of Physical Therapy: Rhode Island Department Rhode of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Physical Therapy Service Coordination Team Coordination Team Treatment
Physical Therapist Assistant	Licensed by Board of Physical Therapy: Rhode Island Department Rhode of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Physical Therapy Service Coordination Team Coordination Team Treatment
Psychology	Licensed by the Board of Psychology: Rhode Island Department of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Psychology Service Coordination Team Coordination Team Treatment

Discipline	Qualifications	Practitioner Level		EI Services
		Level I	Level II	
Social Work	Licensed by the Board of Social Work Examiners: Rhode Island Department of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Social Work Service Coordination Team Coordination Team Treatment
Speech and Language Pathologist	Licensed by State Board of Examiners for Speech Pathology and Audiology: Rhode Island Department of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Service Coordination Speech and Language Team Coordination Team Treatment
Speech and Language Support Personnel	Registered with the Rhode Island Department of Health		X	Assistive Technology Device Multidisciplinary Evaluation/Assessment Service Coordination Speech and Language Team Coordination Team Treatment

Certified EI providers are required to develop policies and procedures to effectively conduct a timely, comprehensive multidisciplinary evaluation and assessment of the functioning of each infant and toddler suspected of having a developmental delay or disability and a family directed assessment of the concerns, priorities and resources to enhance the family’s capacity to meet the developmental needs of the infant or toddler. Requirements related to a multidisciplinary evaluation/assessment include:

Multidisciplinary Evaluation and Assessment

A multidisciplinary evaluation is an evaluation to determine eligibility when eligibility is not known. It is required once initially and whenever there is a question regarding eligibility.

Procedural Safeguards Required

Parental Consent
Parental consent to evaluate must be obtained prior to evaluation.

A multidisciplinary assessment of the child is conducted to gather information regarding child functioning and to identify the child’s current levels of development, the child’s unique strengths and needs, and services appropriate to meet those needs. An initial multidisciplinary assessment is required for every child prior to the IFSP.

Timeline
Initial evaluation and assessments must occur within 45 days from the date of referral unless the child or family is unavailable due to exceptional family circumstances or the parent has not provided consent. In this case evaluation and assessments must occur as soon as possible once consent is given. Exceptional family circumstances and provider attempts to obtain consent must be documented in the child’s record.

Multidisciplinary Evaluation and Multidisciplinary Assessment procedures must include:

- Evaluations and assessments of the child and family must be conducted by qualified professionals, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
- Unless clearly not feasible to do so, evaluations and assessments of the child must be conducted in the native language of the child (See definition).
- Unless clearly not feasible to do so, assessments of the family must be conducted in the native language of the family (See definition)
- Evaluation and assessment instruments and methods must be individualized and selected based on the presenting concerns in order to best determine the how the child’s developmental status is impacting functioning.
 - A variety of evaluation tools and assessment methods must be available.
 - Qualified professionals must be trained in the administration of evaluation/assessment tools.
 - The Lead Agency reserves the right to determine specific evaluation/assessment instruments

Prior Written Notice
Prior written notice must be provided to parents within a reasonable time frame before an EI provider proposes an evaluation

Native Language
The language normally used by that individual, or, in the case of a child the language normally used by the parents of the child. For evaluations and assessments, the language normally used by the child if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment. Native language when used with respect to an individual

Multidisciplinary team requirements include:

- Multidisciplinary team members are chosen based on the areas of developmental concern and the family’s questions
- Each multidisciplinary evaluation/assessment includes at least

who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication normally used by the individual (such as sign language, braille, or oral communication)

two members of a multidisciplinary team and a family member that actively participate in the process.

- The two multidisciplinary team members must be from two different disciplines (professions). The evaluation may be conducted by one individual who is qualified in more than one discipline or profession. The team must include the service coordinator if not already part of the evaluation team.

Multidisciplinary Evaluation

Multidisciplinary Evaluation procedures include:

- Identification of the child's level of functioning in five developmental areas:
 1. Cognitive
 2. Physical (motor, vision and hearing)
 3. Communication (expressive and receptive language)
 4. Social/Emotional
 5. Adaptive development
- Administering a norm referenced standardized tool to conduct a multidisciplinary evaluation of all areas of development to determine eligibility when eligibility is not known.
- Obtaining the child's history (including a parent interview).
- Gathering information from other sources such as family members, other caregivers, medical providers, social workers and educators if necessary to understand the full scope of the child's strengths and needs.
- Reviewing medical, educational and other records
 - Outside evaluations/medical records can be used to determine eligibility (without conducting an evaluation) if those records indicate that the child's level of functioning in one or more areas of development constitutes a significant developmental delay (2 standard deviations below the mean in at least one area of development or 1.5 standard deviations from the mean in two or more areas of development) or the child has a diagnosed Single Established Condition. A multidisciplinary assessment of the child and family directed assessment is still required.
- No single procedure may be used as the sole criterion to determine eligibility.

Multidisciplinary Evaluation *(Continued)*

Multidisciplinary Assessment

Multidisciplinary assessment procedures to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs must include:

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- An assessment of the child’s functioning in all 5 areas of development in the context of daily routines and activities; and an assessment of the child’s functioning in the three integrated global outcomes¹ utilizing:
 - A review of the results of the multidisciplinary evaluation
 - Parent report and personal observations of the child
 - The identification of the child’s needs in all developmental areas
 - Gathering information regarding the child’s functioning in the three integrated global outcomes.
 - A family directed assessment must be conducted to identify the family’s concerns, priorities and resources and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their child. This assessment must:
 - be voluntary on the part of each family member participating
 - be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment
 - be conducted in the language or mode of communication normally used by the family member being assessed unless not feasible to do so
 - include the family’s description of its resources, priorities and concerns related to enhancing their child’s development.
 - be summarized in the IFSP and utilized in the development of the IFSP if the child is eligible.
 - Assessments of the child and family may occur simultaneously with the multidisciplinary evaluation if the requirements for each are met.

Informed Clinical Opinion

Informed Clinical Opinion is the way in which a team utilizes their cumulative knowledge and experience to evaluate and assess a child and to interpret the results of evaluation and assessment instruments.

- Evaluation/assessment team members must use informed clinical opinion to interpret all evaluation data and test results.
- Informed Clinical Opinion can be used on an independent basis to determine eligibility when other instruments do not definitively establish eligibility (See Eligibility).

¹ The three global outcomes are:

1. Demonstrate positive social emotional skills (including positive social relationships);
2. Acquire and use knowledge and skills including early language/communication and early literacy skills;
3. Use of appropriate actions to meet needs.

- Informed clinical opinion is never to be used to negate the results of evaluation instruments used to establish eligibility.

Documentation of Multidisciplinary Evaluation/Assessment

The results of the evaluation/assessment must be :

- Summarized in the IFSP in descriptive, jargon free language understood by the family and include all sources of information. Summaries must address the following in each domain:
 - Present levels of development
 - Strengths
 - Needs
 - Impact on the child's functioning in everyday routines and typical activities
- If the child is eligible for Early Intervention, the assessment must be summarized on the Child Outcomes Summary Form utilizing all sources of information to address:
 - The child's social emotional development, use of knowledge and skills and the ability to take action to get his or her needs met in everyday routines and activities across settings and situations
 - Compares the child's skills and abilities to age expectations.

Eligibility/IFSP Meeting

An Eligibility/IFSP Meeting must be convened with the family in order to discuss the child's present levels of development and determine the child's eligibility for Early Intervention.

- Meeting arrangements must be made with, and written notice provided to the family and other participants early enough before the meeting date to ensure they will be able to attend. Prior written notice is required which includes the parent's right to dispute the eligibility determination and information regarding the right to appeal.

Eligibility/IFSP Meeting (Continued)

Procedural Safeguards Required

Prior Written Notice
Prior written notice must be provided to parents within a reasonable time frame before an EI provider proposes an IFSP Meeting

- The meeting must occur in a setting and time convenient for the family
- In the native language of family or other mode of communication used by the family unless it is clearly not feasible to do so
- Participants must include the parent(s), EI service coordinator, and others as requested by the parent if feasible to do so. (Parents may include other family members, persons outside the family, advocates, etc.)
 - A person or persons directly involved in conducting the evaluation of the child and assessment of the child and family or if necessary that person's involvement through other means is acceptable such as making pertinent

Timeline Required

An Eligibility/IFSP meeting must occur within 45 days from the date of referral

records available at the meeting, or an authorized representative, or by conference call.

<p>If the child is not eligible the parent must be:</p> <ul style="list-style-type: none">• Notified in writing that the child is not eligible• Provided with a summary of the evaluation results• Provided with community resources	<p>If the child is eligible an IFSP Meeting occurs and must include:</p> <ul style="list-style-type: none">• Discussion of present levels of development• Information to be used in developing the Child Outcome Summary Form statements for the three integrated global outcomes is discussed and summarized.• An initial discussion regarding concerns, priorities and resources of the parent
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On Going Assessment

Ongoing assessment means the procedures used by qualified professionals to identify the child's unique strength and needs and the early intervention services appropriate to meet those needs throughout the child's eligibility. These procedures include:

- For each eligible child an ongoing assessment of functional, developmental skills in all areas of development is required.
- A criterion based assessment tool that utilizes parent report and observation must be used to document and monitor each child's development in all domains.
- The assessment tool must be used to:
 - Consistently track development across all domains
 - Serve as a source of input to the development of the Individual Family Service Plan
 - Provide functional, developmental information to the Local Educational Agency during the Transition process
 - Serve as a source of input regarding the three global outcomes
- The assessment tool must be included in the child's record and must be updated at least at each Periodic Progress Review and Annual IFSP Review.

Certified Early Intervention providers are required to develop policies and procedures in compliance with federal regulations to ensure a smooth transition for children from Early Intervention to the Local Education Agency (LEA) and/or appropriate community services and supports. Procedural requirements below have been developed by the Lead Agency and the Rhode Island Department of Education via an Interagency Agreement and provider policies and procedures must at minimum include the following:

**EI Notification to
LEA
and SEA**

Early Intervention providers and the Lead Agency (the Rhode Island Executive Office of Health and Human Services) must send notification of any child receiving Part C services who is potentially eligible for Part B services to the appropriate LEA and SEA (the Rhode Island Department of Education) at 28 months of age or no later than 90 days before the child's third birthday. At the discretion of all parties, notification may be sent up to nine months before the child's third birthday.

- Potential eligibility for each child must be decided by the IFSP team based on knowledge of current functioning and a review of the RI Part B eligibility criteria.
- EI providers provide notification to the LEA by faxing or mailing page T-1 of the IFSP to the LEA. T-1 of the IFSP must include the child's name, date of birth, parent's names, address, and telephone number.
- The Lead Agency must provide notification to the SEA through monthly data reporting which includes the child's name, date of birth, parent's names, address, and telephone number.
- This dual notification must be sent unless the parent chooses to opt-out of [notification](#). Parental consent is not required for such notification and will occur in the absence of an opt out by the parent.
 - For children determined eligible for EI between 28 and 33 months of age (90 days before their third birthday) -but before 34.5 months of age (45 days before their third birthday)-notification to the LEA and SEA must occur as soon as possible after Part C eligibility is determined.
 - For children determined eligible for EI who will be turning three during the summer, notification will occur earlier than 28 months of age and at the discretion of all parties up to nine months before the child's third birthday (27 months of age) but no later than 90 days before the child's third birthday.

**EI Notification to
LEA
and SEA
(Continued)**

- For children referred less than 45 days before their

third birthday an eligibility evaluation is not required. Children referred at this time may potentially be eligible for Part B services and, unless the parent opts out, notification must be faxed to the LEA and the SEA by the EI provider.

- Notification to the LEA must include, with parental consent, additional relevant documents including the latest IFSP and evaluation/assessments.
- Confirmation of this notification must be documented on page T-1 of the IFSP.

Rhode Island has an “Opt Out” policy which means a parent may choose to “opt out” of LEA and SEA notification.

- EI providers must inform parents about the transition process including the Opt Out of Notification to the LEA and SEA by the child’s 27 month. The *Transition from Early Intervention- A Family Guide* must be given to the family and the opt out policy explained. Parents have from then to the 28th month to decide. Children who are determined eligible after the 27th but before 34.5 months are informed about the transition process including the opt out of notification policy when they are determined eligible for EI. Parents have from then to the IFSP start date to decide.
- If parents want additional time to decide whether they want to opt out, they must opt out of notification while they make the decision. Parents must be informed that “opting back in” after the end of the 28th month may cause transition timelines to be delayed.
- Parents who opt out of the notification to the LEA and SEA may do so by selecting and signing the *Opt Out of Notification* option on page T-1 of the IFSP and notification will not occur. Parents may change their mind regarding opting out of notification at any time by informing their service coordinator. The service coordinator will meet with parent who will then sign and date the Withdraw Opt Out Notification on page T-1 of the IFSP.

EI Transition Conference

With the family’s approval, a Transition Conference will be convened by EI for all children potentially eligible for Part B services at 30 months of age or no later than 90 days before the child’s third birthday. At the discretion of all parties, the transition conference may occur up to nine months before the child’s third birthday.

EI Transition Conference

- For children determined eligible for EI after 30 months, the Transition Conference must be convened soon as possible after

(Continued)

Part C eligibility has been determined.

**Procedural Safeguards
Required
Prior Written Notice**

Prior written notice must be provided to parents and other participants within a reasonable time frame to ensure they will be able to attend

- The purpose of the Transition Conference is to develop a plan for the effective transitioning of child/family as they exit Part C.
- The agenda must include a discussion of any services the child may receive from Part B.
- EI will schedule the conference
 - at a time and place convenient for the family
 - in the native language of the family or other mode of communication used by the family unless it is clearly not feasible to do so
- Participants must include
 - The parent(s), EI service coordinator, and LEA.
 - Other family members as requested by the parent if feasible to do so.
 - An advocate or person outside the family if the parent requests that the person participate
 - A person or persons directly involved in conducting the evaluation of the child and assessment of the child and family or if necessary that person's involvement through other means is acceptable such as making pertinent records available at the meeting, or an authorized representative, or by conference call.

For a child determined not to be potentially eligible for Part B services, with the families approval the EI provider must make reasonable efforts to convene a Transition Conference which includes the family, the EI provider and providers of other appropriate services.

Transition Plan

All children over 27 months of age who are enrolled in EI must have an IFSP meeting to develop a Transition Plan which includes transition steps and services developed as part of their IFSP no later than 90 days before the child's third birthday but at the discretion of all parties may occur up to nine months before the child's third birthday.

- The family must be included in the development of the plan.
- The plan must include:
 - all appropriate steps needed for the toddler and his or her family to exit EI and any transition services that the IFSP team identifies as needed by the child and his/her family
 - a review of program options (e.g., discussions about Part B starting date, ESY, community resources) for the child from the third birthday through the remainder

**Transition Plan
(Continued)**

of the school year

- confirmations that: (a) child find information has been transmitted to the LEA or other relevant agency, and (b) EI has transmitted additional evaluations, assessments, and the IFSP (with parent consent) to the LEA
- Steps must include:
 - Discussions with and training of parents as appropriate regarding future placements and other matters related to the child's transition
 - Procedures to prepare the child for changes in service delivery including steps to help the child adjust to and function in a new setting
 - Identification of transition services that the IFSP team determines is necessary to support the transition of the child.
 - Procedures to gather and provide input regarding child functioning(e.g., RI Transition Summary Form)
- These timelines have been developed to allow sufficient time to initiate Part B services by the child's third birthday (if child is found eligible).
- Children who discharge EI earlier than 9 months prior to their third birthday do not require pages T-1 and T-2 to be completed but transition steps and services must be developed and documented in the record.
- The Transition Conference and the IFSP meeting to develop the Transition plan may be combined as long as the regulatory requirements for both are met. In Rhode Island the Transition Conference and IFSP meeting to develop the Transition Plan are always combined.

Rhode Island Early Intervention Policies and Procedures

Geographic Equity

Head Start Collaboration

New or Revised Policies and Procedures

Geographic Equity

- In accordance with 34 CFR 303.207, the lead agency ensures that all eligible infants and toddlers and their families are provided equitable access to Early Intervention. All eligible families will have access to at least two certified Early Intervention provider agencies.
- Rhode Island Certified Early Intervention Providers may submit to the lead agency twice annually a list of cities/towns they choose to serve. The lead agency will approve based on the criteria that every city/town must be chosen as an area by at least two certified provider agencies. Providers should consider their capacity to meet all federal and state requirements when considering how many and which cities/towns they can best serve. Providers must accept all referrals within the areas they have chosen and been approved to serve.

Head Start Collaboration

Rhode Island promotes and supports the collaboration of Head Start, Early Head Start, early education and child care programs, and Early Intervention through the Race to the Top strategic plan available at <http://www.earlylearningri.org>

The strategic plan includes goals related to:

- Program standards alignment and measurement
- RI Early Learning and Development Standards for ages birth-five
- Improving the quality of early learning programs
- Improving access to early learning programs, including Head Start, Early Head Start, early education and child care programs, and Early Intervention.
- Improving the knowledge and competencies of the workforce
- Developing and supporting effective early childhood assessment
- Early learning data system

New or Revised Policies and Procedures

The lead agency will hold a public hearing on any new or revised policy or procedure and provide notice of the hearing held in accordance with 34 CFR 303.208(b)(1) at least 30 days before the hearing is conducted in order to enable public participation. The lead agency will also provide opportunities for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, Early Intervention providers, and members of the Interagency Coordinating Council, to comment for at least 30 days on the new or revised policy or procedure needed to comply with Part C of IDEA.