**INFORMATION / STATUS UPDATE FORM**

**In our communications with this family and other providers, we have acquired the following information. Kindly update this child’s Early Intervention information and contact us if you have any questions.**

**Child’s Name** **Child’s DOB**

**Family has signed consent for the RIEHDI program to send/receive information from RI Early Intervention.**  **Yes (see attached)**  **No**

**If “No” is checked, please ask family if they will agree to sign for consent to share information.**

*The RIEHDI program is responsible for the monitoring and reporting of newborn hearing screening, diagnostic testing and referral to early intervention. RIEHDI supports families in reaching these timely goals. RIEHDI must submit annual reports regarding adherence of these goals to HRSA (Health Resources and Services Administration) which falls under the US Department of Health and Human Services.*

**RIEHDI records indicate this child is in need of audiologic diagnostic testing and should be referred to an audiologist (see attached list of pediatric audiologists).**

**Reason:  Did not pass newborn hearing screening**

**Current diagnostic information is incomplete/inconclusive**

**Child has risk factor for late-onset or progressive hearing loss**

***(Please refer to KIDSNET Hearing Assessment Tab or contact RIEHDI for additional information)***

**RIEHDI records indicate this child has an updated hearing loss diagnosis (ICD 10)**

**1.**

**2.**

***(Please update diagnosis in the child’s IFSP and Welligent Evaluation Summary Information)***

**Other**