

Rhode Island Family Sign Language Program

Intake Form

Attention EI Providers: Please attach a release form from the parents/guardians and send a stack of SRFs.

Parent/Guardian Names:	Today's Date:
Street Address:	City/State/Zip:
Daytime phone number:	Evening phone number:
Email address:	Cell phone number:
Language spoken in the home:	
Child's Name:	Child's Date of Birth:
Child is (please circle one) Deaf Hard of Hearing	Gender: Male Female
Does the child have any additional special needs?	
EI Client ID#:	

Date that your child's hearing loss was identified:
By whom?
When were you referred to the Family Sign Language Program (FSLP)?
Who referred you?
Name of Early Intervention (EI) agency:
Address:
City/State/Zip:
EI contact person:
Email address:
Phone number:
Fax number:
Does your child have a daycare provider? Who?

Any other agencies/programs working with your family and/or your child?
Approximately how many people plan to join the family for the Family Sign Language Program classes?
Please list the ages of any siblings that may participate:
Please list options of days of the week/times of the day that you would prefer for classes.
<i>NOTE: Although classes are offered during daytime hours, many of our tutors have more availability during evening hours and on weekends.</i>
1)
2)
3)

Attention EI Providers:

Please attach a release form signed by the parents/guardians and a stack of SRF forms to be used by the tutor. Please send them to:

Gallaudet University Regional Center at Northern Essex Community College
 100 Elliott Street, Haverhill, MA 01830
 978-556-3701 (voice/tty) 978-556-3703 (fax) 978-241-7417 (vp)



REGIONAL CENTER
NORTHEAST

