

Office Use: Date Sent:__

MI:

WV Birth to Three Service Coordinator Request to Release Child Records

This form is used by Service Coordinators to facilitate collaboration with other agencies, programs, health care providers who are **not** part of a child's WV Birth to Three evaluation/assessment or IFSP team. You must submit this form each time you are requesting the RAU to release any portion of a child's record. A *Consent to Release WV Birth to Three Information* form, giving the parent's written permission to release information to the entity listed below, must be on file at the RAU prior to requesting release of the information.

Date Sent to RAU:		Service Coordinator Name:			
Email:		Phone:			
	•		ords to the agency and individ s will not be sent if an individ		named below (records will be name is not listed.
Child's Name:		DOB:			
Agency					
Addres	s (REQUIRED):				
City:				Z	lip:
Email:		FAX:			
Extent	of material to be released	sed:			
Most current Individualized Family Service Plan					
Most <i>current</i> Assessment Reports from the following disciplines:					
	Audiology		Developmental Specialist		Psychology
	Nursing		Registered Dietician		Orientation and Mobility
	Vision		Occupational Therapy		Physical Therapy
	Speech Therapy				

□ Other (must be specific):

NOTE: The RAU is not responsible for copying records for individual WV Birth to Three team members or their respective agencies. Interim Service Coordinators are responsible for providing all team members with a copy of the initial IFSP immediately following the meeting. Ongoing Service Coordinators are responsible for providing other team members with a copy of each annual IFSP and reviews immediately following the meetings. Each practitioner is responsible for providing the family and other team members with a copy of their completed assessment report prior to the team meeting.

