

NYC EARLY INTERVENTION PROGRAM
CONSENT FOR CPSE NOTIFICATION

Date: ____ / ____ / ____

Child's Name: _____
Last First

Also Known As: _____ [] Male [] Female

Child's E.I. ID #: _____ Child's DOB: ____ / ____ / ____

CPSE Region/District #: _____ Borough: _____

Home Address: _____

Parent Name: _____ Phone #: (____) _____

Language(s) spoken in the home: _____

Service Coord.: _____ Phone #: (____) _____

Service Coordination Agency: _____

NOTIFICATION OPTIONS:

- A. [] I want the NYC EIP to notify the Committee on Preschool Special Education (CPSE) about my child, since s/he is potentially eligible to receive services.

Parent/Guardian Signature: _____ Date: _____

Note to Service Coordinator: If the parent consents to notification of potential transition, the service coordinator must send a copy of this form to the CPSE, parent, service provider(s) and the Regional Office, and file the original in the child's case record.

- B. [] I do not want the NYC EIP to notify the CPSE about my child at this time. If, at a later date, I change my mind, I will inform my service coordinator so that s/he can notify the CPSE. I understand that the last date of my child's eligibility for Early Intervention services is the day before his/her third birthday.

Parent/Guardian Signature: _____ Date: _____

Note to Service Coordinator: If the parent does not give consent to notification of potential transition to CPSE, **do not send this form to the CPSE.** The service coordinator must send a copy of this form to the parent, the service provider(s), and the Regional Office, and file the original in the child's case record.