

NYC EARLY INTERVENTION PROGRAM
REFERRAL TO THE CPSE

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: _____

In accordance with NYS Early Intervention Regulations, the parent(s) of the above named child would like to refer him/her to the Committee on Preschool Special Education. This child is being referred for the following reason(s). (Please also indicate diagnosis if known and/or nature of delay):

[] Check (✓) If this child is in foster care.

Name of Agency: _____

Agency Address: _____

Caseworker's Name: _____

Surrogate parent assigned by EIP: _____

Relationship to Child: _____ Date assigned: _____

I am the mandated representative of EI at the initial IEP meeting. Please contact me at the telephone number/address below with the date and location of the meeting.

Service Coordinator: _____

Phone #: (____) _____ Fax #: (____) _____

SC Agency Name: _____

Address: _____

Note to Service Coordinator: This form is to be sent to the CPSE when the parent has given permission to refer the child to CPSE (please refer to the EI to CPSE Transition Timelines chart). 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.