

NYEIS Child

Reference# _____

EI-TR-01

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION****Parent Form****Written Notification Requirements and Timeline**

Child's Name _____

Date of Birth _____

School District _____

Date _____

The Early Intervention Program (Part C) under the federal Individual with Disabilities Education Act is required to release limited contact information (parent's name, child's name, address, telephone numbers, date of birth and date of referral to the Early Intervention Program) as a way to notify your local school district of your child's potential eligibility for preschool special education programs and services when your child turns 3 years old. This notification is beneficial in preparing the school district for your child's eligibility for special education preschool programs and services.

At least 120 days prior to your child's potential eligibility for services under the section 4410 of Education Law, your service coordinator shall provide written notification to the Committee on Preschool Special Education (CPSE) of the local school district in which an eligible child resides of the potential transition of your child.

A parent may opt-out (object) to the written notification and not have the limited contact information sent to the CPSE. The parent must inform the service coordinator, orally or in writing, within 30 calendar days from the date of this notice that the parent chooses to opt-out of the written notification requirement.

_____ I have been informed of the notification requirement and the 30-calendar day timeline to opt-out of the written notification. I am in agreement with sending the written notification and choose to waive the 30-calendar day opt-out period.

OR

_____ I have been informed of the notification requirement and understand I have 30 calendar days from today's date to opt-out to the written notification. I am aware that if I do not contact my service coordinator, orally or in writing, within 30 calendar days of today's date written notification will be sent to the CPSE of my local school district.

OR

_____ I have been informed of the notification requirement and choose to opt-out of the written notification being sent to the CPSE of my local school district.

Parent Signature _____ Date _____

To be filled out by the service coordinator

Parent objected to the written notification to the CPSE. Service coordinator received orally/ written objection on:

Date _____

No parent objection received within thirty calendars days.

Date _____