

NEW YORK STATE DEPARTMENT OF HEALTH  
 BUREAU OF EARLY INTERVENTION

**FORM FOR PARENT REFERRAL TO THE  
 COMMITTEE ON PRESCHOOL SPECIAL EDUCATION**

<b>DATE OF REFERRAL TO CPSE:</b>	<b>Date of Referral to the EIP:</b>
<b>Child's Name: Last:</b>	<b>Child's Date of Birth:</b>
<b>First:</b>	<b>Child's Age (year-month):</b>
<b>Name of Parent/Legal Guardian/Surrogate:</b>	<b>Phone No.</b>
<b>Home Address:</b>	<b>School District:</b>
<b>Service Coordinator:</b>	<b>Phone No.</b>
	<b>Fax No.</b>
<b>CPSE Chairperson:</b>	<b>Phone No.</b>
	<b>Fax No.</b>

Please Read

**I understand that to ensure my child continues to receive services on and after his/her third birthday, s/he must be referred to, evaluated by and found eligible by the Committee on Preschool Special Education of my local school district (the district in which my family resides) before his/her third birthday.**

I understand that as of my child's third birthday, my child will no longer be eligible for the EIP unless s/he has been found eligible for services under Section 4410 of the Education Law. **EIP services will end the day before my child turns three years old.**

**REFERRAL TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

- I am referring my child to the CPSE of the school district in which my child resides for an evaluation to determine whether s/he is eligible for preschool special education programs and services. I give my service coordinator permission to send this form to the CPSE.
- I do NOT choose** to refer my child to the CPSE of the school district in which my child resides for an evaluation to determine whether s/he is eligible for preschool special education programs and services. I understand that my child must be referred to, evaluated by, and, before the day s/he turns three years of age, be found eligible by the CPSE to continue to receive Early Intervention Program services on and after s/he turns three years of age. **I understand that I may choose to refer my child for an evaluation by the CPSE at a later date. I understand that if I choose to refer my child at a later date, I must refer my child within enough time for the CPSE to decide whether my child is eligible for services under Section 4410 of the Education Law by the day before s/he turns three years old if I want my child to continue to receive Early Intervention Program services on and after s/he turns three years of age.**
- I want the CPSE Chair/Administrator to invite my EI Service Coordinator, listed below, to the initial meeting with the CPSE that determines my child's eligibility.

 \_\_\_\_\_  
 Parent Name

 \_\_\_\_\_  
 Parent Signature

 \_\_\_\_\_  
 Date

Service Coordinator Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_