

CONSENT FORM FOR TRANSMITTAL OF EARLY INTERVENTION PROGRAM (EIP) EVALUATIONS AND RECORDS TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

| Date: | Date of Referral to the Early Intervention Program: |
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| Child's Name | Child's Date of Birth: |
| Last: First: | Child's Age (year-month): |
| Name of Parent/Legal Guardian/Surrogate | Phone Number: |
| - | |
| Last: First: | |
| Home Address: | School District: |
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| Service Coordinator: | Phone Number: Fax Number: |
| Committee on Preschool Special Education Chairperson: | Phone Number: Fax Number: |
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| Please I | Read |
| I understand that the Committee on Preschool Spe | |
| on Preschool Special Education evaluation process. I decide what records to share, if any. If I consent to share these records, the Committee on Preschool Special Education will review them and will decide if other evaluations are necessary to decide if my child is eligible for preschool special education programs and services. I understand that if the Committee on Preschool Special Education asks for more evaluations, I will be asked for my consent for the Committee on Preschool Special Education to evaluate my child. I understand that if I do not consent to evaluations asked for by the Committee on Preschool Special Education, and my child is not evaluated by the Committee on Preschool Special Education and is not determined eligible for preschool special education programs and services by my child's third birthday, Early Intervention Program services will end the day before my child turns three years old. | |
| Consent to Transmit Early Intervention Program Evaluation and Program Records to the Committee on Preschool Special Education | |
| I give my consent to my Service Coordinator to transmit the following Early Intervention Program reports and records to the Committee on Preschool Special Education of the school district in which my child resides: | |
| I do NOT give consent to my Service Coordinator to transmit Early Intervention Program records and reports to the Committee on Preschool Special Education of the school district in which my child resides. I understand that my child must be referred to, evaluated by, and, before the day my child turns three years of age, be found eligible by the Committee on Preschool Special Education for services, to continue to receive Early Intervention Program services on and after my child's third birthday. | |
| Parent Name: Parent Signatur | re: Date: |
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