NOTIFICATION OF POTENTIAL ELIGIBILITY TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

Date of Notification to the Committee on Preschool Special Education:	Date of Referral to the Early Intervention Program:
Child's Name Last: First:	Child's Date of Birth: Child's Age (year-month):
Name of Parent/Legal Guardian/Surrogate Last: First:	Phone Number:
Home Address:	School District: County:
Early Intervention Service Coordinator:	Phone Number: Fax Number:
Committee on Preschool Special Education Chairperson:	Phone Number: Fax Number:

Dear Chairperson,

The child named above is potentially eligible for preschool special education services.

_____ _____
Service Coordinator Date

For children in the care and custody or custody and guardianship of the Commissioner of the local Social Services district, the early intervention Service Coordinator shall notify the local Commissioner of Social Services or designee of the child's potential transition.

In New York City, this requirement is met be completing the **NYC Early Intervention Program Notification To ACS & Foster Care Agency of Transition Out of Early Intervention Form**.