

## FORM FOR PARENT REFERRAL TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

Date of Referral to the Committee on Preschool Special Education:	Date of Referral to the Early Intervention Program:
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: _____
Early Intervention Service Coordinator:	Phone Number: _____ Fax Number: _____
Committee on Preschool Special Education Chairperson:	Phone Number: _____ Fax Number: _____

### Please Read

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

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

### REFERRAL TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION

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

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Coordinator Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_