

Date of Referral 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: _____

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 by, and, before my child's third birthday, found eligible for preschool special education services by the Committee on Preschool Special Education of my local school district (the district in which my child resides).

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 preschool special education programs and services. **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: _____

Please note: If the fillable Parents Referral to the Committee on Preschool Special Education form includes a Parent/Guardian's electronic signature, that signature must also include an electronic signature validation marker (available through applications like Adobe Acrobat, DocuSign, etc.) that includes the signature date and time on the form. If that safeguard is not available, the Parent's Referral to the Committee on Preschool Education form must be printed to allow the parent/legal guardian to sign for consent on the paper copy.

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.

Caseworker Name: _____

Address: _____

Date copy of this notification was mailed: _____