

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.

Caseworker Name: _____

Address: _____

Date copy of this notification was mailed: _____