



C.H.T.Services,Inc.

2901 Campus Road, Brooklyn, NY 11210

Phone: (718)874-6226 Ext. 101. Fax: (718)874-0041

www: chtservices.com

Date: _____

Dear Foster Care Agency:

As the early intervention service coordinator for _____, I need to work with the New York City DOE to determine who should sign the CPSE consent form so that this child can be referred for evaluation by the Committee on Preschool Special Education. In order to do this, we need to follow specific procedures developed by the NYC DOE. Please fill in the needed information on the form below and fax this form back to me as soon as possible so that we can begin the preschool evaluation process for this child. Thank you.

Sincerely,

C.H.T.Services Services Service Coordinator

Date: _____

Dear CPSE Administrator

The parental rights for _____ have been terminated as of _____.

OR

The parental rights for _____ have not been terminated but the birth mother's whereabouts are unknown at this time. The last known address for the birth mother was _____.

_____ (signed)

_____ (Title)

_____ (Foster Care Agency's Name and Stamp)