

**NYC EARLY INTERVENTION PROGRAM
CPSE TRANSITION PLANNING AND CONSENT FORM**

Date: ____/____/____

Child's Name: _____
Last First

Also Known As: _____ [] Male [] Female

Child's E.I. ID #: _____ Child's DOB: ____/____/____

CPSE Region/District #: _____ Borough: _____

Home Address: _____

Parent Name: _____ Phone #: (____) _____

Language(s) spoken in the home: _____

Service Coord.: _____ Phone #: (____) _____

Service Coordination Agency: _____

I have selected the following option regarding my child's transition from the E.I. Program:

Choose one, and initial:

A. _____ I want my child to be referred to the CPSE, and I do not want a transition conference:

_____ I want copies of my child's EI records to be sent to the CPSE by the service coordinator.

_____ I do not want copies of my child's EI records sent to the CPSE.

B. _____ I am not sure whether I want to refer my child to the CPSE. I would like to have a transition conference to discuss CPSE and other possible alternatives for my child.

I understand that I can withdraw my consent to refer my child to CPSE at any time during this process and I also understand that EI services will then end no later than the day before my child's third birthday.

C. _____ I do not want my child to be referred to the CPSE. I understand that if I do not consent to referral, my child's eligibility for Early Intervention services ends no later than the day before my child's third birthday.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date: _____

Note to Service Coordinator: This form does not get sent to the CPSE. The service coordinator must send a copy of this form to the parent, the service provider(s), and the Regional Office, and file the original in the child's case record.