

CPSE LETTERHEAD

ISSUED BY CPSE ONLY

DEP-1

Determination of Eligibility for Preschool Special Education Services

Student Name: _____

Student DOB: _____

NYC Identification #:

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Student Address: _____

CPSE Review Date: _____

Region/District #: _____

Not Eligible for CPSE services.

Eligible for CPSE Services. Services will begin as of: _____
Projected reconvene date: _____

Chairperson: _____ Date: _____

Parent: _____ Date: _____

I consent to have my EI service coordinator share any EI service records developed after the Initial Meeting with the Committee on Preschool Special Education.

Parent: _____ Date: _____

Do not write below this line (for EI use only)
