

NYC EARLY INTERVENTION PROGRAM
REFERRAL TO THE CPSE

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: _____

In accordance with NYS Early Intervention Regulations, the parent(s) of the above named child would like to refer him/her to the Committee on Preschool Special Education. This child is being referred for the following reason(s). (Please also indicate diagnosis if known and/or nature of delay):

[] Check (✓) If this child is in foster care.

Name of Agency: _____

Agency Address: _____

Caseworker's Name: _____

Surrogate parent assigned by EIP: _____

Relationship to Child: _____ Date assigned: _____

I am the mandated representative of EI at the initial IEP meeting. Please contact me at the telephone number/address below with the date and location of the meeting.

Service Coordinator: _____

Phone #: (____) _____ Fax #: (____) _____

SC Agency Name: _____

Address: _____

Note to Service Coordinator: This form is to be sent to the CPSE when the parent has given permission to refer the child to CPSE (please refer to the **EI to CPSE Transition Timelines** chart). 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.