

NYC EARLY INTERVENTION PROGRAM  
CONSENT FOR CPSE NOTIFICATION

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: \_\_\_\_\_

**NOTIFICATION OPTIONS:**

- A. [ ] I want the NYC EIP to notify the Committee on Preschool Special Education (CPSE) about my child, since s/he is potentially eligible to receive services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note to Service Coordinator:* If the parent consents to notification of potential transition, the service coordinator must send a copy of this form to the CPSE, parent, service provider(s) and the Regional Office, and file the original in the child's case record.

- B. [ ] I do not want the NYC EIP to notify the CPSE about my child at this time. If, at a later date, I change my mind, I will inform my service coordinator so that s/he can notify the CPSE. I understand that the last date of my child's eligibility for Early Intervention services is the day before his/her third birthday.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note to Service Coordinator:* If the parent does not give consent to notification of potential transition to CPSE, **do not send this form 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.