

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.