NYEIS Child Reference# 581113

Transition Tool Kit Item 7

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

NOTIFICATION OF POTENTIAL ELIGIBILITY TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION

DATE OF NOTIFICATION TO CPSE: 4/29/19	Date of Referral to the EIP:
Child's Name: Last: Noonan First: Wisteria	Child's Date of Birth: 11/16/16 Child's Age (year-month): 2-5
Name of Parent/Legal Guardian/Surrogate: Last: Noonan First: Rebecca	Phone No. 631-589-9236
Home Address: 35 Tyler Ave West Sayville, NY 11796	School District: Sayville County: Suffolk
Service Coordinator: Denise Valerioti	Phone No. 631-365-1445 Fax No. 631-363-8046
CPSE Chairperson: Stacie Gigante	Phone No. Fax No.

Dear Chairperson,

The child named above is potentially eligible for preschool special education services.

_____ _____
Service Coordinator Date

For children in the care and custody or custody and guardianship of the commissioner of the local social services district, the early intervention service coordinator shall notify the local commissioner of social services or designee of the child's potential transition.
Caseworker Name: _____
Address: _____
Date Copy of this notification mailed: _____

NYEIS Child Reference# 581113

Transition Tool Kit Item 8

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

CONSENT FORM FOR TRANSITION CONFERENCE

DATE: 4/29/19	Date of Referral to the EIP:
Child's Name: Last: Noonan First: Wisteria	Child's Date of Birth: 11/16/16 Child's Age (year-month): 2-5
Name of Parent/Legal Guardian/Surrogate: Noonan Rebecca	Phone No. 631-589-9236
Home Address: 35 Tyler Ave West Sayville, NY 11796	School District: Sayville County: Suffolk
EI Service Coordinator:	Phone No. Fax No. 631-853-2268
CPSE Chairperson: Stacie Gigante	Phone No. Fax No.

Please Read

I understand that to ensure my child continues to receive services on and after his/her third birthday, s/he must be referred to, evaluated by, and, before his/her third birthday, found eligible for preschool special education services by the Committee on Preschool Special Education of my local school district (the district in which child resides).

I understand that as of my child's third birthday, my child will no longer be eligible for the Early Intervention Program unless s/he has been found eligible for preschool special education programs and services. **EIP services will end the day before my child turns three years old**.

CONSENT TO CONVENE A TRANSITION CONFERENCE

☐ **I give my consent to my Early Intervention Program service coordinator** to arrange a transition conference, which will include my service coordinator, and chairperson of the CPSE or his/her designee, to discuss my child's referral to the CPSE, program and service options, and develop a transition plan. I also consent to the following agency(ies) or individual(s) attending: _____.

☐ I do NOT wish to have my Early Intervention Program service coordinator convene a transition conference. I understand that my child can be referred to the CPSE without a conference. I understand that my child must be referred to, evaluated by, and, before the day s/he turns three years of age, be found eligible by the CPSE for services, to continue to receive Early Intervention Program services on and after s/he turns three years of age.

_____

Parent Name Parent Signature Date

CPSE Chairperson: This notice serves as an invitation to the CPSE Chairperson/Designee to the Early Intervention Transition Conference to be held on:

Date:_____ Time:_____ Location:_____

Please indicate your availability and fax back to: _____

You will participate by: ___phone __In person ____Not able to attend

cc: The Local Social Services Commissioner/Designee: _____
(for children in the care and custody or custody and guardianship of the local social services commissioner)

Revised 9/13

NYEIS Child Reference# 581113

Transition Tool Kit Item 9

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

FORM FOR PARENT REFERRAL TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION

DATE OF REFERRAL TO CPSE: 4/29/19	Date of Referral to the EIP:
Child's Name: Last: Noonan First: Wisteria	Child's Date of Birth: 11/16/16 Child's Age (year-month): 2-5
Name of Parent/Legal Guardian/Surrogate: Last: Noonan First: Rebecca	Phone No. 631-589-9236
Home Address: 35 Tyler Ave West Sayville, NY 11796	School District: Sayville
EI Service Coordinator:	Phone No. Fax No. 631-853-2268
CPSE Chairperson: Stacie Gigante	Phone No. Fax No.

Please Read

I understand that to ensure my child continues to receive EI services on and after his/her third birthday, s/he must be referred to, evaluated, and found eligible by the Committee on Preschool Special Education of my local school district (the district in which my family resides) before his/her third birthday.

I understand that as of my child's third birthday, my child will no longer be eligible for the EIP unless s/he has been found eligible for services under Section 4410 of the Education Law. **EIP services will end the day before my child turns three years old**.

REFERRAL TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

☐ I am referring my child to the CPSE of the school district in which my child resides for an evaluation to determine whether s/he is eligible for preschool special education programs and services. I give my service coordinator permission to send this form to the CPSE.

☐ **I do NOT choose** to refer my child to the CPSE of the school district in which my child resides for an evaluation to determine whether s/he is eligible for preschool special education programs and services. I understand that my child must be referred to, evaluated by, and, before the day s/he turns three years of age, be found eligible by the CPSE to continue to receive Early Intervention Program services on and after s/he turns three years of age. **I understand that I may choose to refer my child for an evaluation by the CPSE at a later date. I understand that if I choose to refer my child at a later date, I must refer my child within enough time for the CPSE to decide whether my child is eligible for services under Section 4410 of the Education Law by the day before s/he turns three years old if I want my child to continue to receive Early Intervention Program services on and after s/he turns three years of age.**

☐ I want the CPSE Chair/Administrator to invite my EI service coordinator, listed below, to the initial meeting with the CPSE that determines my child's eligibility.

_____

Parent Name Parent Signature Date

Service Coordinator Name: Denise Valerioti Agency: Little Angles Speech Ctr

Address: 235 Blue Point Ave Phone No: 631-365-1445 Fax No: 631-363-8046

Blue Point, NY 11751

Revised 9/13

NYEIS Child Reference# 581113

Transition Tool Kit Item 10

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

CONSENT FOR TRANSMITTAL OF EIP EVALUATIONS AND RECORDS

DATE: 4/29/19	Date of Referral to the EIP:
Child's Name: Last Noonan First Wisteria	Child's Date of Birth: 11/16/16 Child's Age (year-month): 2-5
Name of Parent/Legal Guardian/Surrogate: Last Noonan First Rebecca	Phone No. 631-589-9236
Home Address: 35 Tyler Ave West Sayville, NY 11796	School District: Sayville
Service Coordinator: Denise Valerioti	Phone No. 631-365-1445 Fax No. 631-363-8046
CPSE Chairperson: Stacie Gigante	Phone No. Fax No.

Please Read

I understand that the CPSE may use evaluation reports and other EIP records, which I may choose to share, as part of the CPSE evaluation process. I decide what records to share, if any. If I consent to share these records, the CPSE will review them and will decide if other evaluations are necessary to decide if my child is eligible for preschool special education programs and services. I understand that if the CPSE asks for more evaluations, I will be asked for my consent for the CPSE to evaluate my child. I understand that if I do not consent to evaluations asked for by the CPSE, and my child is not evaluated by the CPSE and is not determined eligible for preschool special education programs and services by my child's third birthday, EIP services will end the day before my child turns three years old.

Consent to Transmit Early Intervention Program Evaluation and Program Records to the CPSE

☐ **I give my consent to my service coordinator** to transmit the following EIP reports and records to the CPSE of the school district in which my child resides:

_____

_____

_____

☐ **I do NOT give consent** to my service coordinator to transmit EIP records and reports to the CPSE of the school district in which my child resides**. I understand that my child must be referred to, evaluated by, and, before the day s/he turns three years of age, be found eligible by the CPSE for services, to continue to receive Early Intervention Program services on and after his/her third birthday.**

_____

Parent Name Parent Signature Date

Revised 9/13