

# INDIVIDUALIZED EDUCATION PLAN (IEP)

The Individualized Education Program (IEP) is a map that lays out a program with special education instructions and services for kids so they can make progress and succeed in school. Each program is designed to meet a child's exact needs. The process begins with a full evaluation that shows your child's strengths and weaknesses allowing you and the school to create a program of services and support tailored to meet your child's needs.

ELIGIBILITY	HOW TO APPLY
Children over the age of 3 that:	At Pediatrics Associates in Mount Sinai, we can help refer your child to your district committee on Preschool Special Education (CPSE).
Meet the criteria for one or more of the 13 disability classifications as defined by the New York State Education Department's Regulations of the Commissioner of Education: Part 200; <b>and</b>	We will need a signed referral letter from you and your contact information so our team can contact the district CPSE office for you (a sample letter and referral form are attached)
The disability affects the child's performance in school	Expect to be called within a week by our <b>social worker</b> to continue with the process
<p>*Examples of disabilities: Autism, deafness, deaf-blind, emotional disturbance, hearing impairment, intellectual and learning disability, and other health impairment which affects that student's educational performance*</p>	

**Social Worker:** Rebecca Fox, LMSW

Phone: (212) 241-0260 | Fax: (212) 996-9685 | E-mail: [Rebecca.fox@mountsinai.org](mailto:Rebecca.fox@mountsinai.org)

Learn More at NYC Department of Education

<https://www.schools.nyc.gov/special-education/the-iep-process/the-iep>

**Preschool Special Education (Age 3 – 4)**

**To: New York City Department of Education**

**Committee on Preschool Special Education, District # \_\_\_\_**

**Attention: CPSE Administrator**

**Child's Name:**

**Child's DOB:**

To Whom It May Concern:

I am the parent of \_\_\_\_\_. I am writing to refer \_\_\_\_\_ for evaluation of eligibility for preschool special education. \_\_\_\_\_ did not receive Early Intervention Services. I understand that preschool special education is voluntary, and my consent will be required in writing to perform evaluations to determine whether my child is eligible for services, and again to begin providing any recommended services.

My **mailing address** is \_\_\_\_\_, and my **daytime telephone number**

is \_\_\_\_\_

Thank you for your prompt attention to this referral.

Best,

Signature: \_\_\_\_\_

Date: \_\_\_\_\_