

Family Support Coordinator: _____ Email: _____ Fax: _____ Phone: _____

Find your School District # and CPSE Coordinator at <https://www.nycenet.edu/schoolsearch>

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: _____