

INDIVIDUALIZED EDUCATION PLAN (3-5 YEARS)



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
<ol style="list-style-type: none"> 1. Children over the age of 3 that 2. 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*; and 3. The disability affects the child's performance in school 	<ol style="list-style-type: none"> 1. Sign a referral letter (sample letter on page 2) addressed to your district's CPSE office. Find your district's CPSE by visiting https://www.nycenet.edu/schoolsearch 2. A <i>Pediatrics Associates</i> social worker will call you within a week to know how the process is going

***Examples of disabilities:** Autism, deafness, deaf-blind, emotional disturbance, hearing impairment, intellectual and learning disabilities, and other health impairment which affects that student's educational performance

If your child is a patient at *Pediatrics Associates* (Mount Sinai Hospital) and want more information contact our social worker: Rebecca Fox, LMSW

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

Learn More at NYC Department of Education website
<https://www.schools.nyc.gov/special-education/the-iep-process/the-iep>

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SAMPLE LETTER

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: _____