NASSAU COUNTY DEPARTMENT OF HEALTH
OFFICE OF CHILDREN WITH SPECIAL NEEDS
Early Intervention Program
Preschool Special Education Program
60 Charles Lindbergh Blvd., Suite 100
Uniondale, NY 11553-3683

Notification of CPSE Eligibility Determination and Eligibility Dates

School District: _____

Child's Name: _____ **DOB:** _____

	MONTH	DAY	YEAR
CPSE Meeting Date:			
First eligible for Preschool Evaluation process :			
First eligible for Preschool (4410) Services:			
Date on which Preschool services are expected to begin:*			
Amended start date: (refax this form at the number below)			

***If the expected date changes, the school district is responsible for notifying the Nassau County Department of Health Early Intervention Program.**

Select One Below:

The above named child has been determined by the CPSE:

[ ] **Eligible** for CPSE services
OR
[ ] **Not Eligible** for CPSE services

☐ Consent for release of current and future EI Progress Reports and/or EI Evaluations to school district CPSE.

_____ _____ ____/____/____
Parent (Print Name) **Parent Signature** **Date**

_____ _____ ____/____/____
CPSE Chair (Print Name) **CPSE Chair Signature** **Date**

IMMEDIATELY FOLLOWING THE INITIAL CPSE MEETING:

- FAX THIS FORM DIRECTLY TO THE NASSAU COUNTY DEPARTMENT OF HEALTH AT 516-227-8663
- PROVIDE THIS FORM TO THE ONGOING SERVICE COORDINATOR