



PLAINEDGE PUBLIC SCHOOLS

Department of Special Education

241 Wyngate Drive

Massapequa, NY 11758

516-992-7480 (fax) 992-7448

Referral to CPSE

DATE: _____

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

LANGUAGE(S) SPOKEN IN HOME: _____

Dear Dr. Cottone:

I am writing to refer my child _____, age _____ to the Committee on Preschool Special Education. I am asking you to conduct an individual evaluation to determine whether a disability exists that would make my child eligible for preschool special education services.

Does your child currently receive Early Intervention services? ____ Yes ____ No

If yes, please complete the information below:

Name of County Early Intervention Coordinator:

Type of Early Intervention services provided and name of provider:

Does your child currently attend a nursery/preschool program? ____ Yes ____ No

If yes, please provide the name and address of the school and the name of your child's current teacher:

Has your child previously received Preschool Special Education Services?

____ Yes ____ No

If yes, indicate the type of services and provider:

Describe your child's development in the following areas:

Cognitive: (i.e., rate of learning, memory, attention, etc.)

Language and Communication: (i.e., following directions, verbally expressing wants and needs, articulation, etc.)

Adaptive: (i.e., daily living skills, caring for personal needs, adaptation to environmental demands and changes, etc.)

Social/Emotional: (i.e., awareness of self and others, play skills, emotional and behavioral regulation, etc.)

Motor: (i.e., muscle strength, balance, sensory integration, coordination, perceptual motor skills, etc.):

I am most concerned about my child's development in the following area(s):

Has your child been diagnosed with a developmental disability? (i.e., Autism, Pervasive Developmental Disorder (PDD), Down Syndrome)

_____ Yes _____ No

If yes, please indicate when and by whom: _____

Sincerely,

Parent/Guardian Signature

Date