

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

**NOTIFICATION TO DEPARTMENT OF HEALTH EARLY INTERVENTION PROGRAM
OF ELIGIBILITY DETERMINATION FOR TRANSITIONING EI CHILD AND ELIGIBILITY DATES**

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 expected date changes it is the responsibility of the school district to notify the Nassau County Department of Health Early Intervention service coordinator.**

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 Signature

_____/_____/_____
Date

CPSE Chair/School District

_____/_____/_____
Date

IMMEDIATELY FOLLOWING THE INITIAL CPSE MEETING:

- FAX THIS FORM DIRECTLY TO THE NASSAU COUNTY DEPARTMENT OF HEALTH AT 516-227-8662 OR
- PRESENT THIS FORM TO THE NASSAU COUNTY EARLY INTERVENTION SERVICE COORDINATOR