



**NIAGARA COUNTY DEPARTMENT OF HEALTH
CHILDREN WITH SPECIAL NEEDS**

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Early Intervention and Therapeutic Services
Children with Special Needs
Preschool Special Education
Physically Handicapped Children's Program

**NOTIFICATION OF POTENTIAL ELIGIBILITY TO THE
COMMITTEE ON PRESCHOOL SPECIAL EDUCATION**

Date of Notification to CPSE:	Date of Referral to the EIP:
Child's Name: Last: First:	Child's Date of Birth:
Name of Parent/Guardian/Surrogate Parent:	Phone No.:
Home Address:	School District:
Service Coordinator:	Phone No.:
CPSE Chairperson:	Phone No.:

Dear Chairperson,

The child named above is potentially eligible for preschool special education services.

Service Coordinator

Date

For children in the care and custody or custody and guardianship of the commissioner of the local social services district, the early intervention service coordinator shall notify the local commissioner of social services or designee of the child's potential transition.

Caseworker Name: _____

Address: _____

Date Copy of this notification mailed: _____