



ARLINGTON CENTRAL SCHOOL DISTRICT
SPECIAL EDUCATION OFFICE

144 Todd Hill Road ● LaGrangeville, NY 12540
Phone (845) 464-4494 ● Fax (845) 350-4217

REFERRAL TO COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

Dear CPSE Chairperson:

I am writing to refer my child to the Committee on Preschool Special Education. I am requesting that you conduct an initial evaluation to determine whether my child has a disability that is affecting his/her ability to participate appropriately in activities. I am concerned about my child's development in the following areas:

_____ Cognitive/Learning

_____ Speech and Language

_____ Fine Motor

_____ Gross Motor

_____ Attention

_____ Social emotional Development/Play

_____ Adaptive/Self Help

_____ Other: _____

Sincerely,

Parent/Guardian Signature

Please Print:

Name of Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

***If transitioning from Early Intervention, please include the name of your Ongoing Coordinator and contact information:**

Name of OSC: _____

Contact email and phone number: _____

What EI services are being received? _____
