

Procedures for Requesting an Evaluation from the CPSE (Committee on **Preschool Special Education)**

A dated letter should be sent to the chairperson of the district's **Committee on Preschool Special Education**. Your child **MUST** be at least 3 years old for services to be approved by the CPSE. The name and address of where to send your request is included at the bottom of this letter.

The letter **MUST** include:

- Child's Name
- Child's date of birth
- Child's address
- Parent's names
- Parent's current phone number
- Child's grade
- Child's School
- Reasons you are requesting the evaluation
- Detailed difficulties your child is having & the impacts of those difficulties on your child

The letter should be sent to:

Mr. Chris Cinicola
CPSE Chairperson
Department of Education
Committee on Preschool Special Education
82-01 Rockaway Blvd., 2nd Fl.
Ozone Park, NY, 11416
Phone number: 718-642-5715
Fax: (718) 642-5891

You will then receive a notice that the CPSE has received the referral. In addition, you will also receive several notices:

- a copy of your due process rights
- free/low cost services listings
- List of approved preschool evaluation sites in NY
- Consent for Initial Preschool Evaluation (which **MUST** be brought **UNSIGNED** to your first meeting at the evaluation site you choose from the list)

The parent then chooses an evaluation site from the list the CPSE sent, and promptly schedule an appointment for the evaluation.

The CPSE will not schedule the appointment for you, you must schedule the appointment and bring your child to the evaluation, as well as the consent for Initial Preschool Evaluation.

The CPSE meeting **MUST** be held within 45 school days from receipt of referral by the CPSE or 30 school days of the parent signing the consent form for the evaluation; whichever date is earlier.

The following is a template for requesting an evaluation, which can be personalized depending on the child's situation.

Date:

Mr. Chris Cinicola
CSE Chairperson
Department of Education
Committee on Preschool Special Education
82-01 Rockaway Blvd., 2nd Fl.
Ozone Park, NY, 11416
Phone number: 718-642-5715
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Dear Mr. Cinicola,

I am writing to request an **(initial/speech/OT/PT)** evaluation of my **(child/student)**, **(child's name)**. **(She/He)** is **[]** years old and a **[]** grade student at Holy Child Jesus Catholic Academy, 111-02 86th Avenue, Richmond Hill, NY 11418.

I am requesting this evaluation because my **(son/daughter/student)** is having difficulty with **(name difficulties)**. As a result of these difficulties, my child is experiencing **(...)**. If you have any questions please feel free to contact me at **(your contact information)**.

Sincerely,

Parent Name

Child's Information

Child's name:

DOB: Grade:

Current Address:

Current Phone Number:

Parent's Names:

School: Holy Child Jesus Catholic Academy, 111-02 86th Avenue, Richmond Hill, NY 11694

Phone: 718-849-3988 Fax: 718-850-2842