

**Appendix E**

SAMPLE CONSENT FORM  
<NAME OF COUNTY> - EARLY INTERVENTION PROGRAM

**CONSENT FORM FOR TRANSITION NOTICE**

DATE:	
Child's Name	EI #:
Last <span style="float: right;">First</span>	
Name of Parent/Legal Guardian:	Phone No.
Last <span style="float: right;">First</span>	
Home Address:	School District:
Service Coordinator:	Phone No.
Early Intervention Official/Designee:	Phone No.
CPSE Chair:	Phone No.

Please Read

**I understand that to ensure my child continues to receive services on and after his/her third birthday, s/he must be referred to, evaluated by, and before his/her third birthday, found eligible for preschool special education programs and services by the Committee on Preschool Special Education of my local school district (the district in which my child resides).**

I understand that as of my child's third birthday, my child will no longer be eligible for the Early Intervention Program unless s/he has been found eligible for preschool special education programs and services. **EIP services will end the day before my child turns three years old.**

Consent to Notify the School District

**I give my consent to the <Name of County> Early Intervention Program** to notify my school district that my child may be eligible for preschool special education programs and services.

**I do NOT give the <Name of County> Early Intervention Program consent** to notify school district that my child may be eligible for preschool special education programs and services under Section 4410 of the Education Law. **I understand that my child must be referred to, evaluated by, and before the day s/he turns three years of age, be found eligible by the CPSE for services, to continue to receive Early Intervention Program services on and after s/he turns three years of age.**

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Parent Name
Parent Signature
Date