

**Preschool Special Education (Age 3 – 4)**

**Note: Use only one of these samples - Parent's referral or CPS Request for Referral**

To: New York City Department of Education  
Committee on Preschool Special Education, District # \_\_\_\_  
Attention: CPSE Administrator

Re: Name of Child  
Child's DOB

To whom it may concern:

I am the parent of (Name of Child). I am writing to refer (Child's first name) for evaluation of eligibility for preschool special education. Child **received / did not receive** Early Intervention Services.

IF APPROPRIATE: (Indicate if there is a specific concern. Eg, I am concerned that (Child's name) may be having difficulty with tasks using his hands and fingers, so I am requesting that the evaluation include an Occupational Therapy assessment. )

I understand that preschool special education is voluntary, and my consent will be required in writing to perform evaluations to determine whether my child is eligible for services, and again to begin providing any recommended services.

My mailing address is \_\_\_\_\_ and my daytime telephone number is \_\_\_\_\_.

Thank you for your prompt attention to this referral.

Very truly yours,

\_\_\_\_\_

**KEEP COPY OF LETTER AND FAX CONFIRMATION SHEET IN YOUR FILE**

(date of correspondence)

Committee on Preschool Special Education  
District (Insert district #)  
(insert address)  
Attention: CPSE Administrator

Re: Child's Name  
DOB:

Dear M\_. \_\_\_\_\_:

My name is (your name) and I am a Child Protective Specialist at the NYC Administration for Children's Services, working with (name of child). I am writing to request a referral for evaluation of eligibility for preschool special education. (Child's name) **received / did not receive** Early Intervention Services.

*List any/all information that is pertinent to the referral, including any concerns regarding the child's development and ability to learn. Also if you want specific evaluations completed, you should specify (eg: I am requesting that a speech and language evaluation be completed as part of the evaluation process).*

Please note that \_\_\_\_\_'s parent, \_\_\_\_\_, will be responsible for the decision of whether to provide informed consent for evaluation. Her/his address is

\_\_\_\_\_.

Should you have any questions or require additional information, I can be reached at (your contact information). If you can't reach me, you can also contact my supervisor, (name of supervisor) at (phone number). Thank you in advance for your assistance in this matter.

Sincerely,

(Your name)  
Child Protective Specialist (or other title)

cc: Parent