



Notification of Assignment of Professional Consultant

Instructions: The Notification of Assignment of Professional Consultant form must be completed by Early Intervention (EI) Provider Agencies and Committee on Preschool Special Education (CPSE) Provider Agencies when a professional consultant (therapist/teacher) will be providing services to a child as part of an Individualized Family Service Plan (IFSP) or Individual Education Program (IEP). Provider Agencies must inform the professional consultant that this form must be presented on the first day of service at the child care center.

Dear Provider Agency:

(Check only one)

The following **Early Intervention** Professional Consultant has been assigned to provide educational or therapeutic services to the below child as part of the child’s Individualized Family Service Plan (IFSP) authorized by the New York City Department of Health and Mental Hygiene, Early Intervention Program.

The following **Committee on Preschool Special Education** Professional Consultant has been assigned to provide educational or therapeutic services to the below child as part of the child’s Individual Education Program (IEP) authorized by the New York City Department of Education Committee on Preschool Special Education.

I certify that the professional consultant identified below has State Central Registry clearance, is licensed or credentialed by the New York State Department of Education which included criminal clearance, and has had reference checks by the agency identified below.

Signature (Provider Agency contact): _____ Date: _____

In accordance with **§47.19 of Article 47 of the New York City Health Code**, the professional consultant does not need specific clearance through the day care program to provide services at the child care facility.

Child Information

Name: _____ Date of Birth _____

Name of Assigned Professional Consultant (therapist, teacher, SEIT): _____

Discipline of Professional Consultant (i.e. Special Educator, Physical Therapist): _____

Assigned Professional Consultant Phone Number: _____

Agency of Professional Consultant (i.e. EI Provider Agency, CPSE Provider Agency)

Name: _____

Address: _____

Name of Contact: _____

Phone number: _____

Questions/concerns regarding this assignment that cannot be addressed by the Provider Agency above, can be directed to:

Early Intervention:

Committee on Preschool Special Education:

EIConsumerAffairs@health.nyc.gov

specialedprek@schools.nyc.gov



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Early Intervention and Committee on Preschool Special Education Professional Consultants (i.e. therapists, teachers, SEITs) and Agencies who are experiencing issues with accessing child care centers should contact the New York City Department of Health and Mental Hygiene, Bureau of Child Care at their respective borough office.

New York City Department of Health and Mental Hygiene, Bureau of Child Care Borough Office Contact Information:

Manhattan/Staten Island Office

125 Worth Street, 9th floor, Room 916, Box 40
New York, NY 10013
Tel: (646) 632-6305
Fax: (347) 396-8953

Bronx Office

1309 Fulton Avenue, 4th floor
Bronx, NY 10456
Tel: (718) 579-7775
Fax: (347)396-8959

Brooklyn Office

195 Montague Street, 4th floor
Brooklyn, NY 11201
Tel: (718) 222-6323
Fax: (347) 396-8957

Queens Office

90-27 Parsons Boulevard, Suite 300
Jamaica, NY 11432
Tel: (718) 480-2263/2265
Fax: (347) 396-8955