

Dear Parent/Guardian,

Enclosed are the documents that are necessary to complete in order to refer your child to the Committee on Preschool Special Education. Your preschool child must be registered with the Wappingers Central School District before your request for an evaluation can be processed.

Enclosed please find a registration packet, including:

- Registration forms and a letter detailing the documents you will need to provide at the time of your registration appointment.
- Consent forms for you to complete and sign, along with the list of approved preschool evaluation agencies that contract with Dutchess County.
- Prior Written Notice reviewing the evaluation request, and Part B Procedural Safeguard Notice, both of which are for your files.

Once you have gathered your appropriate documents, **please call central registration at 845-298-5000 x40132 to schedule an appointment.** Your request for referral to the CPSE will be processed once your registration is complete.

**Forms to bring with you to the registration appointment:**

- Complete registration packet, including all necessary registration forms
  - Proof of residency, your child's original birth certificate, recent physical examination record, immunizations, and guardianship or custody papers (if applicable)
- Sign and complete "Request for consent to Evaluate" form
  - Be sure to indicate your choice for evaluating agency on this form
- Complete "Referral to Committee on Preschool Special Education" form
- Any additional medical and/or preschool documents that may be helpful in identifying your child's abilities and areas of concern

**Forms to keep for your records:**

- Prior Written Notice reviewing the evaluation request
- Part B Procedural Safeguard Notice (See link in Prior Written Notice Letter)

Please contact the preschool special education office with any questions.

Regards,

*Committee on Preschool Special Education Chairperson*

(845) 298-5000 x14027



### **Committee on Preschool Special Education**

25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x14027 • Fax (845) 463-7326

#### **Prior Written Notice Proposed Referral and Request for Consent for Evaluation**

Dear Parent/Guardian:

The purpose of this notice is to inform you, in writing, of the school district's recommendation(s) regarding the identification, evaluation, educational placement and/or provision of special education services to your child.

#### **SUBJECT OF THIS NOTICE:**

Your child has been referred to the Committee on Preschool Special Education.

#### **DESCRIPTION OF ACTION PROPOSED OR REFUSED:**

The Committee on Preschool Special Education is requesting consent to conduct an evaluation to determine initial eligibility for preschool special education services.

#### **EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:**

This referral was initiated in response to concerns about your child's progress.

#### **DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:**

A social history, observation and psychological evaluation. If needed, a speech and language evaluation, an educational assessment, and/or motor abilities assessment. If applicable, review of current provider reports and/or medical records.

#### **DESCRIPTION OF THE PROPOSED INITIAL OR REEVALUATION AND THE USES TO BE MADE OF THE INFORMATION:**

##### **Psychological Evaluation**

Assesses such areas as development, organization, memory, learning and other personality characteristics.

##### **Social History**

A report of information about the child, the child's family and environment that may be influencing performance in age appropriate activities.

##### **\*If needed, evaluations can include:**

**Speech/Language Evaluation**

**Educational Evaluation**

**Occupational Therapy Evaluation**

**Physical Therapy Evaluation**

#### **DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:**

There were no other options considered at this time.

#### **DESCRIPTION OF OTHER FACTORS THAT ARE RELEVANT TO THE PROPOSED OR REFUSED ACTION:**

There were no other factors relevant at this time.

YOU HAVE PROTECTION UNDER THE PROCEDURAL SAFEGUARDS OF THE REGULATIONS OF THE COMMISSIONER OF EDUCATION. (CLICK BELOW)

[Procedural Safeguards Notice](#)

SOURCES YOU MAY CONTACT TO OBTAIN ASSISTANCE IN UNDERSTANDING THE SPECIAL EDUCATION PROCESS:

For more information on Special Education rules and processes please contact your Area Special Education Office. They can answer any questions you have. You can also contact the following agencies.

The Hudson Valley Region NYSED Special Education Parent Center Contact information is:  
The Westchester Institute for Human Development, Cedarwood Hall, Room 326, Valhalla, NY 10595.  
Phone 914-493-7665, Fax 914-493-7899. Website: [www.hvsepc.org](http://www.hvsepc.org)  
The center provides information, resources and strategies to assist parents of children with disabilities.

The District Special Education Office is located at: 25 Corporate Park Drive, Hopewell Junction, NY 12533.  
Phone 845-298-5000 ext. 40103

A Parent Guide to Special Education is available on NYSED web site:  
<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE NOTICE:

Your written consent to the proposed initial evaluation is requested and a consent form is enclosed. You have the right to consent or to withhold consent to the initial evaluation of your child. If you consent, please sign and return the enclosed form as soon as possible so that we can address your child's learning needs in a timely manner.

You must select an approved evaluation site to conduct an initial evaluation of your child. Enclosed is a list of approved evaluation sites and the procedures you must follow to select a program that is available to conduct the evaluation of your child within the time period required by State regulations.

You may also submit evaluation information which will be considered by the Committee as part of the initial evaluation.

When the evaluation is completed, you will have the opportunity to discuss the test results and meet with the Committee on Preschool Special Education. You will receive a written notice of the date, time and location of the Committee meeting, and we encourage your attendance.

You have the right to address the Committee, either in person or in writing, on the appropriateness of the Committee's recommendations. If you have any questions or would like to request a meeting to further discuss information contained in this notice, please contact Lauren Broadbelt or Dr. Leah Raftis at 845-298-5260 ext. 14027.

Sincerely,

*Committee for Preschool Special Education Chairperson*

Encl.: 1. Consent for Initial Evaluation  
2. List of Approved Evaluators



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**REFERRAL TO COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

**CHILD'S NAME:** \_\_\_\_\_

**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 \_\_\_\_\_

**List pertinent medical diagnoses, as well as previous programs and/or services (Early Intervention, private services, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sincerely,**

\_\_\_\_\_  
**(Parent/ Guardian Signature)**

**Please Print:**

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



## **REQUEST FOR CONSENT TO EVALUATE**

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Please check your choice below and fill in the information requested.**

☐ **I consent for my child to be evaluated by the Committee on Preschool Special Education (CPSE).**  
**The evaluations will include: Social History, Psychological Evaluation, Observation and any supplemental evaluations deemed necessary based on concerns and needs.**

**Evaluating Agency Choice:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Do you need a bilingual evaluation? Y/N If yes, what language** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**No preference for evaluating agency** ☐

*Please check off one of the required checkboxes and sign on the signature line.  
Evaluation referrals will not be sent until the consent is completed.*

**OR**

☐ **I DO NOT CONSENT for my child to be evaluated.**

**OR**

☐ **I request a conference to discuss the proposed evaluation of my child. I understand that no evaluation will take place until this conference is held. Please contact me to schedule a date for a conference.**

**Signature of Parent:** \_\_\_\_\_

**Office Use Only**

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## AUTHORIZATION TO REQUEST AND/OR RELEASE CONFIDENTIAL INFORMATION

Student's Name: \_\_\_\_\_ Sex (M) \_\_\_ (F) \_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned parent/guardian or eligible student, hereby give my written consent to the Wappingers Central School District

<i>CHECK</i>	<i>SERVICES</i>	<i>PROVIDER</i>
( )	Counseling	Certified School Counselor
( )	Psychological	Certified School Psychologist
( )	Social Worker	Certified School Social Worker

to request, receive and/or release medical, psychological, psychiatric, academic, and any other records deemed necessary concerning my child:

To the following Person and/or Agency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

My consent is subject to revocation at any time and, unless an earlier date is specified, my consent expires after one (1) year from the date of my signature.

DATE OF REVOCATION, IF OTHER THAN ONE (1) YEAR: \_\_\_\_\_

- If there are any additional parties (e.g., agency, hospital, or professional personnel that have serviced the client) to whom the receiving person or agency may disclose the information contained in the student records, please list the names, addresses and nature of each party's interest below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

**Dutchess County Preschool Special Education  
2023-2024 SY List of NYS SED Approved Preschool Providers**

**- Dutchess County Evaluation Agencies -**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Mailing Address</b>
<b>Abilities First Preschool</b>	Marissa St. John	(845) 298-2090	167 Myers Corners Road, Suite 104 Wappingers Falls, NY 12590
<b>Achieve Beyond Child &amp; Parent Services (Bilinguals Inc.)</b>	Tara Ramondelli	(914) 328-2868 *Multilingual available	1311 Mamaroneck Avenue, Suite 150, White Plains, NY 10605
<b>Arc of Greater Hudson Valley Educational Learning Experience</b>	Beth Laub	(845) 344-2292 x- 4149	1145 Little Britain Road, New Windsor, NY 12553
<b>Astor Services For Children &amp; Families</b>	Lauren Sweeney	(845) 452-4167 *Spanish Available	50 Delafield St., Poughkeepsie, NY 12601
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	70 Kukuk Lane, Kingston, NY 12401
<b>HTA Of New York</b>	Leslie Lupetin	(845) 528-2011 *Spanish available	11 Peekskill Hollow Road, Putnam Valley, NY 10579
<b>Learning Together, Inc. (formerly EEC)</b>	Kathy Masloski	(845) 883-5151	40 Park Lane, Highland, NY 12528
<b>Liberty POST Hudson Valley</b>	April Angiolillo	(845) 458-8661	301 Main Street, Suite B, Goshen, NY 10924
<b>Mid Hudson Valley Early Education Center</b>	Andrea Sherman Marisa Wolpert	(845) 431-8815 (845) 431-8292 *Spanish available	241 North Road, Poughkeepsie, NY 12603
<b>Milestones for Munchkins (with Kinderwise)</b>	Katharine Bolender	(914) 774-3608	534 Route 6, Mahopac, NY 10541
<b>Partnership for Education</b>	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477
<b>Putnam &amp; Southern Dutchess UCP (Hudson Valley Early Childhood Center)</b>	Aimee Martine	(845) 878-9078 x-5555	40 Jon Barrett Road Patterson, NY 12563(mailing) 15 Mount Ebo Road South, Brewster, NY 10509 (school)
<b>River Valley Speech - Kathleen Phillips (Carriage House)</b>	Kathleen Phillips	(845) 462-6701	50 Springside Ave, Poughkeepsie, NY 12603
<b>Somos Bilinguals, SLP PLLC</b>	Jaridy Fabre	914-306-0863 *Spanish, Haitian Creole, Arabic, Greek available	50 Hamilton Street, Dobbs Ferry, NY 10522 <b>Email: <a href="mailto:CPSE@somosbilingualslp.com">CPSE@somosbilingualslp.com</a></b> <b>**They prefer email referrals</b>

**- Preschool Augmentative Communication Evaluation Agencies (PACE) -**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Location – Site Based Service</b>
<b>Mid Hudson Valley Early Education Center</b>	Margaret Slomin	(845) 483-5682	Poughkeepsie, Beacon