

CPSE LETTERHEAD  
ISSUED BY CPSE ONLY

DEP-1

Determination of Eligibility for Preschool Special Education Services

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

Student DOB: \_\_\_\_\_

NYC Identification #: 

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

CPSE Review Date: \_\_\_\_\_

Region/District #: \_\_\_\_\_

Not Eligible for CPSE services.

Eligible for CPSE Services. Services will begin as of: \_\_\_\_\_

Projected reconvene date: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to have my EI service coordinator share any EI service records developed after the Initial Meeting with the Committee on Preschool Special Education.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*Do not write below this line (for EI use only)*

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