

SAMPLE LETTER OF REFERRAL FOR FIRST TIME REQUESTS (FOR PRESCHOOLERS)



Replace **blue, bolded type** with your information.

Committee on Preschool Special Education (CPSE)
District Number
Address

Re: **Child's name, date of birth**
Name of Preschool or Early Childhood Program Your Child is Attending
Preschool/Program Address

Date

Dear **Chairperson**,

I am referring my child, **name**, for a full evaluation because I believe that my child may require special education programs or services. I would like my child to receive the following evaluations: **psychological, psychoeducational, occupational therapy, physical therapy, speech and language pathology (include all evaluation requests, delete those not requested)**.

I look forward to hearing from you.

Sincerely,

Your name
Your address
Your telephone number
Your email address

Notes

- Keep a copy of the letter for your records.
- If you haven't heard from the district or received the consent form to evaluate within 10-14 days, contact CPSE to follow up.
- Contact information for the CPSE Offices (<https://on.nyc.gov/2u2EvUH>) can be found on the NYCDOE website. If you do not know your district, type your address here to find out. (<https://on.nyc.gov/2ILJqCW>)
- Evaluations must be free of charge.
- Evaluations must be conducted in all areas of suspected disability and in the child's native language.
- It may be helpful to attach a doctor's note requesting specific evaluations. For more information about the referral and evaluation process, read our Special Education Timeline tip sheet (<https://bit.ly/2NnHjXp>).