

Date: _____

**CPSE Chairperson
Sayville School District
99 Greeley Avenue
Sayville, New York 11782**

Dear Chairperson:

I wish to refer my child _____,

DOB _____ to the Committee on Preschool Special Education. I am asking that you conduct an individual evaluation to determine whether a disability exists that would make my child eligible for special education.

I am concerned about my child's educational difficulties in the following areas: _____

Is your child currently receiving Early Intervention Services?

Yes **No**

Parent/Guardian

Address

Phone Number