

BALDWINVILLE CENTRAL SCHOOL DISTRICT
 Jennifer Cerankowski, Preschool Special Education Chairperson
 29 East Oneida Street, Baldwinsville, NY 13027
 (315) 635-4572 / (315) 638-6061

REFERRAL FOR PRESCHOOL SPECIAL EDUCATION

Child's Name (Last, First, Middle)					Gender : Male	Female
Date Of Birth	Age	Hispanic	Y	N	Race:	
Home Language:			Second Language:			
Parent/Guardian Name:	1)			2)		
Residence Address:						
Email Address:						
Phone: (cell, home or work)						
Is your child attending preschool? Yes No If Yes, Name and Location of Preschool Program:						
Select Days of Week and Indicate Program Time: M T W TH F Time:						
Name of your child's Primary Care Physician:						Phone:
District Transferring from if student already identified						Phone:
Name of Agency currently providing services:						Phone:
If your child is transitioning from early intervention (EI) services, would you like to invite your EI coordinator to the CPSE Meeting:						
Yes No		Name of Coordinator:			Phone:	
Please indicate your concerns regarding your child:						

List of possible Preschool Evaluators:

Children's Therapy Network – Syracuse	315-437-4689	Liberty POST Program – Syracuse	315-425-1004
Connections – Syracuse	315-468-3414	Milestones/Little Lukes – Syracuse/Oswego	315-701-1107
Hear 2 Learn – East Syracuse	315-701-5710	N. Syracuse Early Education Prog–N. Syracuse	315-218-2200
Jowonio – Syracuse	315-445-4010	Thrive by 5 – Syracuse	315-218-7444
*Gebbie Speech/Language Hearing Clinic	315-443-4413	*Elmcrest/SPICE - Syracuse	315-446-3220

*Note: You may call any of the evaluators to ask how quickly they can schedule an evaluation and the location for their evaluation. For evaluators with *, it is recommended you call first for availability.*

Please indicate your first and second choice for Evaluator below:

Selected Evaluator (First choice)	
Selected Evaluator (Second choice)	

Best time for you to attend a 30 minute meeting on a Monday:

Morning 9:00 – 11:30 am Afternoon 12:00 – 3:00 pm

_____ Date