

Department of Special Education 185 Peninsula Blvd. Hempstead, NY 11550

Mrs. Allison Hernandez Assistant Superintendent For Special Education

Ms. Djuana Wilson Coordinator, Direct Instruction

> Ms. Susan Johnson Superintendent

(516) 434-4000 Hempstead, NY 11550

September 1, 2015

Dear Parents,

Welcome to the Hempstead UFSD Special Education Department for Intake. You have informed the Hempstead district that you are interested in pursuing evaluations for your child for the purpose of determining eligibility for special education services.

In an effort to make this process as efficient as possible, new policies and procedures have been implemented. Please refer to the information in this letter to help guide you to complete this process.

General Information:

Intake will be conducted daily (Monday – Friday) from 8:30-12:30pm by appointment only. A copy of the registration packet is required for intake. If your child has a <u>diagnosed</u> medical condition, please provide medical documentation at intake. Please call 434-4083 to schedule your intake appointment with Mrs. Verónica Jiménez.

Children Transitioning from EI to CPSE:

Please provide the following documentation at the time of intake: a prescription for each evaluation requested; the name of the ongoing service coordinator in charge of your EI case; all progress reports from EI service providers; and any medical documentation pertinent. Also, please be aware that in order for your child to retain EI services, their meeting with the CPSE must be held before their 3rd birthday. Please allow sufficient time for the evaluation process in order not to lose services.

Preschool Children (3-5 years old):

Please provide a separate prescription for each evaluation that you are requesting (Speech, Occupational & Physical therapies) from your physician **at the time of your referral.**

School-Aged Students (5-21 years):

Please provide a separate prescription for each evaluation that you are requesting (Speech, Occupational & Physical therapies) from your physician **at the time of your referral.** If your child is transferring in from another district please provide a copy of their IEP (Individualized Education Plan) from the previous district

Section 504:

Please provide all medical documentation regarding any diagnoses or medical concerns in reference to your referral.

Thank you for cooperation in this matter.

Sincerely,

Mrs. Allison Hernandez Assistant Superintendent for Special Education