

Early Intervention Partners Training

S I G N U P

Parent/Guardian First & Last Name: _____

Child First & Last Name: _____

Address: _____

City, State: _____ Zip Code: _____

Email: _____

Phone #: _____

Date of Birth of Child in the Early Intervention Program (mm/dd/yyyy): _____

Please list the **county** you live in: _____

Describe your child who has a disability (age, type of disability, programs/services he/she is receiving)

WILL YOU BE STAYING
OVERNIGHT?

☐ Yes

☐ No

DO YOU NEED ANY SPECIAL
ACCOMMODATIONS TO
PARTICIPATE?

☐ Yes

☐ No

Each county/municipality has a Local Early
Intervention Coordinating Council (LEICC)

If you are currently a parent member of your LEICC
please check here: ☐

If yes, please describe:

(accessibility interpreter or dietary
restrictions)

Session I: **Saturday, November 15, 2025, at 9:30 a.m. - 12:30 p.m.** Live interactive Individualized Family Service Plan (IFSP) Functional Outcomes Webinar (participate from home on a personal computer or mobile device).

Session II: **Friday, December 5, 2025 (4:00 p.m.- 9:00 p.m.) & Saturday, December 6, 2025 (9:00 a.m. - 5:00 p.m.)** Two-day, in person training, to be held at Hotel NoMa, One Radisson Plaza, New Rochelle, NY 10801

Participants attending both in person days have an option for a free overnight stay Friday, December 5, 2025, at the Hotel NoMa, One Radisson Plaza, New Rochelle, NY 10801 on a roommate basis (double occupancy). Participants MUST let us know if planning to stay overnight by our registration deadline on Friday, November 14, 2025.

