APPLICATION

Early Intervention Partners Training Project Applications are due by Monday, March 11, 2024

Name: (print)			
Address:			
City, State:		Zip:	
Phone (Home): _	(Cell):	(Work):	
E-mail:			
Date of birth of c	hild in the Early Interventio	on Program:	
Please circle the	ounty you live in:		
	Nas	ssau Suffolk	
î 1	rogram your child is enrolled he Early Intervention Progran he Preschool Program (3 year he School-Aged Program (5 y	m (birth to 3 years old) rs to 5 years old)	
Describe your chi receiving).	d(ren) who has a disability (ag	ge, type of disability, and the type of prog	ram or services they are
Why are you inter	ested in participating in this E	arly Intervention Partners Training Projec	et?
If you are accepte Early Intervention		ou use the information you gain to help of	children and families in the

professionals. The purpose of the LEICC is to advise the municipality's Early Intervention Official about local early intervention issues. If you are **currently** a parent member of the LEICC in your county, please check here _____. Please tell us about any LEICC sub-committees or workgroups you participate in: If you are interested in becoming more involved in the LEICC, please check here _____. Do you currently belong to any advocacy organizations? If so, please list: Ethnic background (optional): Acceptance into the program requires a commitment to view the pre-recorded video, as well as participate in both sessions (interactive webinar and in-person session): **Pre-recorded Video** – to be viewed from home, on a personal computer or mobile device, on a date and at a time convenient to you. A link to the video will be emailed to you. Session I: Saturday, March 16, 2024, 9:30 a.m. -12:30 p.m. Live, interactive Individualized Family Service Plan (IFSP) Functional Outcomes Webinar (viewed from home on a personal computer or mobile device). Session II: Friday, April 19, 2024, (4:00 p.m.-9:00 p.m.) and Saturday, April 20, 2024, (9:00 a.m. – 5:00 p.m.) two-day in-person training to be held at the Hilton Garden Inn, 3485 Veterans Memorial Highway, Ronkonkoma, NY, 11779. Are you able to commit to participate in **all** training sessions? Yes No Do you need any special accommodations to participate? Yes No If yes, please describe: (e.g., interpreter or dietary restrictions)

Each county/municipality has a Local Early Intervention Coordinating Council (LEICC) comprised of parents and

I understand that a requirement for acceptance to the Early Intervention Partners Training Project is my commitment to participate in both training sessions. If you need more information or another application form, please call Angela Furci or Liz Muller (toll-free) at 1-631-205-0502.

Please mail or fax your application to: An

Angela Furci, Family Initiative Coordinator or Liz Muller, Project Assistant FICSP/Just Kids Early Childhood Learning Center

P.O. Box 12

Middle Island, New York 11953

Phone: (631) 205-0502 Fax: (631) 924-4602

 $E\text{-}mail: \underline{angelamfurci@justkidseclc.org} \ or \\$

emuller@justkidseclc.org