

APPLICATION

Early Intervention Partners Training Project

Applications are due by Monday, May 4, 2020

Name: (print) (Mr., Ms., or Mrs.) _____

Address: _____

City, State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ (Work): _____

E-mail: _____

Date of birth of child in the Early Intervention Program: _____

Please check the county you live in:

Broome	Cayuga	Chenango	Cortland
Delaware	Herkimer	Jefferson	Lewis
Madison	Oneida	Onondaga	Oswego
Otsego	St. Lawrence	Tioga	Tompkins

Please check the program your child is enrolled in:

The Early Intervention Program (birth to 3 years old) _____

The Preschool Program (3 years to 5 years old) _____

The School-Aged Program (5 years to 21 years old) _____

Describe your child(ren) who has a disability (age, type of disability, and the type of program or services he/she is receiving).

Why are you interested in participating in this Early Intervention Partners Training Project?

If you are accepted for this training, how will you use the information you gain to help children and families in the Early Intervention Program?

Each county/municipality has a Local Early Intervention Coordinating Council (LEICC) comprised of parents and 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, which has information about early intervention, is 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, May 30, 2020 (9:30 a.m.-12:00 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, June 12, 2020 (4:00 p.m.-9:00 p.m.) and Saturday, June 13, 2020 (9:00 a.m.-5:00 p.m.)
Two-day, in-person training (optional overnight stay)

Are you able to commit to participate in **all** training sessions? Yes _____ No _____

Are you able to travel to the Hampton Inn & Suites Syracuse, North Airport Area, North Syracuse, New York 13212 to attend Session II? Yes _____ No _____

Do you need any special accommodations to participate? Yes _____ No _____ If yes, please describe: (accessibility, interpreter, diet, child care, etc.)

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 1-877-205-0502.

Please mail or fax your application to:

**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: 1-877-205-0502 (toll-free)
Fax: (631) 924-4602
E-mail: angelamfurci@justkidseclc.org or
emuller@justkidseclc.org**