

APPLICATION

Early Intervention Partners Training Project
Applications are due by Friday, August 30, 2019

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 circle the county you live in:

Bronx	Orange	Rockland
Dutchess	Putnam	Sullivan
Kings	Queens	Ulster
New York	Richmond	Westchester

Please check the program your child is currently 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/have 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) composed 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 Local Early Intervention Coordinating Council (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 webinar, as well as participate in both sessions (interactive webinar and in-person session):

Pre-recorded webinar – 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 webinar will be emailed to you.

Session I: Saturday, September 28, 2019 from 9:30 a.m. until 12:00 p.m. Live interactive IFSP Functional Outcomes webinar (viewed from home on a personal computer or mobile device)

Session II: Friday, October 18, 2019 and Saturday, October 19, 2019 – 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 Radisson Hotel, One Radisson Plaza, New Rochelle, NY 10801 to attend Session II? Yes _____ No _____

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

I understand that my completing and submitting this application is acknowledgement of my understanding that a requirement for acceptance to the Early Intervention Partners Training Project is my commitment to participate in all training sessions. If you need more information, 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