

APPLICATION

Early Intervention Partners Training Project

Applications are due by Friday, October 8, 2021.

Name: (print) _____

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

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 your child 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 virtual training 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, October 23, 2021 at 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, November 12, 2021 (4:00 p.m.-8:00 p.m.) and Saturday, November 13, 2021 (9:00 a.m.-3:00 p.m.) two-day, virtual training.

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: (interpreter)

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**