

# APPLICATION

## Early Intervention Partners Training Project

Applications are due by Thursday, October 1, 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:

Bronx	<input type="checkbox"/>	Dutchess	<input type="checkbox"/>	Kings	<input type="checkbox"/>	New York	<input type="checkbox"/>
Orange	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	Queens	<input type="checkbox"/>	Richmond	<input type="checkbox"/>
Rockland	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	Ulster	<input type="checkbox"/>	Westchester	<input type="checkbox"/>

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).

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

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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?

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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 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, October 24, 2020 at 9:30 a.m. -12:00 p.m. Live interactive IFSP Functional Outcomes Webinar (viewed from home on a personal computer or mobile device)

**Session II:** Friday, November 13, 2020 (4:00 p.m.-9:00 p.m.) and Saturday, November 14, 2020 (9:00 a.m.-5:00 p.m.) two-day, in-person training (optional overnight stay)  
(Note: Should conditions warrant, the in-person session will instead be conducted online.)

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

Are you able to travel to the Radisson Hotel New Rochelle, 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, 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@justkidsecl.org](mailto:angelamfurci@justkidsecl.org) or  
[emuller@justkidsecl.org](mailto:emuller@justkidsecl.org)**