

ONONDAGA CSD

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION

LIST OF APPROVED EVALUATORS

Please Print

Child's Name: _____

Child's Date of Birth: _____ Sex: ☐ Male ☐ Female

Where would you like your child evaluated? ***Please pick your top three choices (1, 2, 3):***

- ___ Children's Therapy Network
- ___ Liberty Resources (*formerly Hear 2 Learn & Liberty POST*)
- ___ Milestones Children's Center (*formerly Little Lukes*)
- ___ Sprout Therapy Group (*formerly Connections*)

Submitted by: Parent Name: _____
(Please Print)

Parent Signature: _____ Date: _____

Please return this form to:

Ginger Holleran
Director, Office of Student Services and Special Education
Chairperson, CPSE/CSE/Section 504 Committees
Onondaga Central School District
208 Rockwell Road
Nedrow NY 13120-1010

THANK YOU!