



Office of Special Education & Supports · 125 South Clark Street, Suite 800 · Chicago, Illinois 60603
Telephone: 773-553-1800

Gretchen Brumley
Deputy Chief

Richard G. Smith, Ed. D.
Chief Officer

Jean McKeown Papagianis
Deputy Chief

Date

Dear Parent/Guardian,

Our records indicate that your child may have received Early Intervention services from birth through age 3 or may have been referred for an evaluation to consider whether your child is eligible to receive special education services from the Chicago Public Schools (CPS).

It is very important to identify whether your child needs supports at a young age. Many studies show that children are more successful in education when they receive help early in their lives. CPS wants to make sure that your child receives the supports and services he/she may need.

We are offering you the opportunity of enrolling your child into CPS so that our staff can evaluate your child and determine if he/she is eligible for special education services. The evaluation and services are at no cost to you.

Please complete the attached form to advise us about your interest in this evaluation and if you are interested in the evaluation complete the Early Childhood Enrollment Form as well. Return the form(s) with the enclosed self-addressed stamped envelope or fax it to Monika Pickett, Office of Special Education and Supports, at 773-553-3417.

If you have any questions, please feel free to contact Monika Pickett, Office of Special Education and Supports, CPS at 773-553-1900 or our main line at 773-553-1800.

Sincerely,

Richard G. Smith, Ed. D.
Chief Officer

Enclosure(s)



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PLEASE COMPLETE AND RETURN THIS FORM

Please check appropriate box, complete, and return this form in the self-addressed stamped envelope provided.

- Yes, I am interested in having my child evaluated. Please send me information about how to move forward with this process. My contact information is:

Parent/Guardian Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Child's Name: _____

Child's Date of Birth: _____

- No, I am not interested in having my child evaluated. I understand that if I change my mind I can visit my local school or call the Office of Special Education and Supports to inquire about the evaluation process.