

APPLICATION

Early Intervention Partners Training Project

Applications are due by Friday, August 16, 2024

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:

Broome		Cayuga		Chenango		Cortland	
Delaware		Herkimer		Jefferson		Lewis	
Madison		Oneida		Onondaga		Oswego	
Otsego		St. Lawrence		Tioga		Tompkins	

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 they are 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 in-person 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 webinar will be emailed to you.

Session I: Saturday, August 24, 2024 (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, September 20, 2024 (4:00 p.m.-9:00 p.m.) and Saturday, September 21, 2024 (9:00 a.m. – 5:00 p.m.) Two-day, in-person training to be held at the Holiday Inn & Suites Syracuse Airport, 400 7th North Street, Liverpool, NY 13088

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 and language or dietary restrictions)

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 at 1-631-205-0502.

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: (631) 205-0502
Fax: (631) 924-4602
E-mail: angelamfurci@justkidseclc.org or
emuller@justkidseclc.org**