



# Schenectady County Public Health Services

**Children with Special Needs**  
107 Nott Terrace, Suite 306  
Schenectady, New York 12308-3170  
Phone: (518) 386-2815  
Fax: (518) 386-2801

Form is to be used to communicate all inconsistent pattern absences, and student changes. **The form is due within 5 days of change.**

*Keith M. Brown, MPH*  
*Public Health Director*

*Tricia Kandefer, M.S.Ed.*  
*Director of Children with Special Needs*

## Child Notification Form

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Current Phone Number and Address

\_\_\_\_\_  
Service Provider

\_\_\_\_\_  
School District

*Please select one:*

EI

CPSE

*Check all that apply:*

Centerbased

SEIS

Related Service

**Dismissal/Withdrawal from program:**

Last day of service: \_\_\_\_\_

Reason for dismissal/withdrawal: \_\_\_\_\_

**Absences: (inconsistent pattern absences throughout the month)**

Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

**Changes:**

Date the Change is effective: \_\_\_\_\_ Enrollment Start Date Change: \_\_\_\_\_

Parent/Guardian Change: \_\_\_\_\_

New home address: \_\_\_\_\_

New phone number: \_\_\_\_\_ New School District: \_\_\_\_\_

New County: \_\_\_\_\_

Other change(s): \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing this Form

\_\_\_\_\_  
Date

Copy sent to: \_\_\_\_\_ county \_\_\_\_\_ school district