



Step Up Therapy Services

1100 Coney Island Ave, Suite 414, Brooklyn, NY 11230

Phone (718)434-1200; Fax (718)434-1099

Parent Acknowledgment of CPSE Recommendation Process

Child's Name: _____

Date of Birth: _____

ID#: _____

Parent/Guardian Name: _____

Initial Evaluation Dates: _____

Supplemental Evaluation Dates: _____

Acknowledgment Statement

I, _____ the parent/legal guardian of the above-named child, hereby acknowledge and confirm the following:

1. I was informed by **Step-Up Therapy** and the **Evaluators from Step-Up Therapy** during the evaluation process that **Step-Up Therapy Evaluator's do not make final placement or service recommendations** for my child.
2. I understand that **all evaluations conducted by Step-Up Therapy are for assessment purposes only**, and that the evaluators' role is limited to providing written evaluation reports and professional findings.
3. I understand and acknowledge that the **final recommendations regarding services, placement, and eligibility** will be made **solely by the CPSE Administrator** during the CPSE Initial IEP meeting.
4. I understand that the CPSE Administrator's **final recommendation** will be based on:
 - o The evaluators' written reports
 - o Information shared during the CPSE Initial IEP meeting among meeting attendees
 - o Discussion and input from the parent/guardian
5. I acknowledge that **Step-Up Therapy and its evaluators do not have decision-making authority** regarding the final CPSE recommendations.

Parent/Guardian Confirmation

By signing below, I confirm that I have read and understand the information above and that this process has been explained to me.

Parent/Guardian Signature: _____

Date of 1st Acknowledgement (After Initial Evaluation): _____

Parent/Guardian Signature: _____

Date of 2nd Acknowledgement (After Supplemental Evaluation): _____