



# Step Up Therapy Services

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## 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:
  - The evaluators' written reports
  - Information shared during the CPSE Initial IEP meeting among meeting attendees
  - 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 1<sup>st</sup> Acknowledgement (After Initial Evaluation): \_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_

Date of 2<sup>nd</sup> Acknowledgement (After Supplemental Evaluation): \_\_\_\_\_