



EDUCATIONAL SERVICES UNIT

Burlington County Special Services School District
 20 Pioneer Blvd., Westampton, NJ 08060-3824
 www.edservicesunit.com

(609) 702-0500

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**Assistive Technology Services
 Request Form**

<u>Student Information</u>	<u>District Information</u>
Student's Name: _____	School District: _____
NJ SID #: _____	Contact Person: _____
Classification: _____	Phone Number: () _____
DOB: _____	FAX Number: () _____
School Attending: _____	Email Address: _____
Grade: _____	Case Manager: _____

The student's IEP is **REQUIRED** for all services.

Services will not be assigned until student records are received:

Attached Will be sent separately

EVALUATION: Evaluation requests are not assigned until student records (IEP and related reports) are received.
 A teacher corrected writing sample illustrating the student's mechanics, original work and time on task is required for AT – Educational Evaluations.

AAC (Augmentative Alternative Communication) AAC & Speech (AAC and Speech Language Evaluation) AT (Educational)

SUPPORT SERVICES: AAC (Augmentative Alternative Communication) AT (Educational)

Type of Service:

Ongoing Consultation: Start Date: _____ End Date: _____ Equipment or Device Type:
 Number of hours _____ **OR** As Needed

Training Only: Date(s): _____ Frequency/Hours:
 Teacher/Team - Indicate # of adults: _____ Student Parent

Additional Comments: .

Signature and date below indicate approval of services requested

 CST Director Signature

 Date

Note: Out of county school districts requesting service/s will incur destination charges to/from service locations outside of Burlington County.
 District Case Manager will be contacted by the AT Department upon receipt of the form to confirm the request for services.
 Please fax the completed form to: (609) 534-2066 or email dhand@burlicoschools.org ~ Questions please call: (609) 702-0500 x7401