



Deaf / Hard of Hearing 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 following are required for all Services:

IEP: Attached Will be sent separately AND Audiogram: Attached Will be sent separately

Deaf and Hard of Hearing Educational Services

<input type="checkbox"/> TOD Service Observation 6 hour minimum (includes student observation in classroom, dialogue with team, student recommendations and report)	
<input type="checkbox"/> Itinerant Teacher of the Deaf (TOD)	Start Date: _____ End Date: _____ Frequency: _____
<input type="checkbox"/> Educational Interpreter (Ed I) 2 hour minimum	Start Date: _____ End Date: _____ Frequency: _____
<input type="checkbox"/> Meeting <input type="checkbox"/> Assembly Interpretation 2 hour minimum <input type="checkbox"/> For student <input type="checkbox"/> For parent/guardian	Date (s): _____ Location: _____

Listening and Spoken Language Services

<input type="checkbox"/> Cochlear Implant Rehabilitation & Education Service 6 hour minimum	
<input type="checkbox"/> Auditory Training/Listening Services 1 hour minimum <i>Direct services to build listening pathways or improve listening skills in challenging listening environments within school</i>	Start Date: _____ End Date: _____ Frequency: _____

Behavioral Services

<input type="checkbox"/> D/HH Functional Behavioral Assessment
<input type="checkbox"/> D/HH Functional Behavioral Assessment with Behavioral Intervention Plan
Comments: _____

Signature and date below indicate approval of services requested

CST Director Signature

Date

Note: Out of county school districts requesting services will incur destination charges to/from service locations outside of Burlington County.

**Minimum 1.0 hour (45 mins contact/15 mins to complete tasks associated with service request) and every hour thereafter will reflect the 45/15 service.*

District Case Manager will be contacted by the D/HH Department upon receipt of the form to confirm the request for services.
 Please fax the completed form to: 609-534-2066 or email to ESUDHH@burlcoschools.org. Questions please call: 609-702-0500 x7401