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

Student Information		**District Information**	
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

ESY SERVICES:

☐ **AAC ESY Services:** # of hours:_____ Start Date:_____ End Date:_____

ESY Location:______________________ ESY Program Hours:__________

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.**
**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 AT Department upon receipt of the form to confirm the request for services.
Please fax the completed form to: (609) 534-2066 or email ESUATAAC@burlcoschools.org ~ Questions please call: (609) 702-0500 x7401