



**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**

**TOD Service Observation** 6 hour minimum (includes student observation in classroom, dialogue with team, student recommendations and report)

<input type="checkbox"/> <b>Itinerant Teacher of the Deaf (TOD)</b>	Start Date: _____ End Date: _____
	Frequency: _____

<input type="checkbox"/> <b>Educational Interpreter (Ed I)</b> 2 hour minimum	Start Date: _____ End Date: _____
	Frequency: _____

<input type="checkbox"/> <b>Meeting</b> <input type="checkbox"/> <b>Assembly Interpretation</b> 2 hour minimum <input type="checkbox"/> For student <input type="checkbox"/> For parent/guardian	Date (s): _____
	Location: _____

**Listening and Spoken Language Services**

**Cochlear Implant Rehabilitation & Education Service** 6 hour minimum

<input type="checkbox"/> <b>Auditory Training/Listening Therapy</b> 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**

- D/HH Functional Behavioral Assessment**
- 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