



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: <u>Click to enter text.</u>	School District: <u>Click to enter text.</u>
NJ SID #: <u>Click to enter text.</u>	Contact Person: <u>Click to enter text.</u>
Classification: <u>Click to enter text.</u>	Phone Number: <u>()</u>
DOB: <u>Click to enter text.</u>	FAX Number: <u>()</u>
School Attending: <u>Click to enter text.</u>	Email Address: <u>Click to enter text.</u>
Grade: <u>Click to enter text.</u>	Case Manager: <u>Click to enter text.</u>

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:* Click to enter text.
 Number of hours _____ **OR** As Needed

Training Only: Date(s): Click to enter text. **Frequency/Hours:** Click to enter text.

Teacher/Team - Indicate # of adults: _____ Student Parent

Additional Comments: Click to enter text.

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