



EDUCATIONAL SERVICES UNIT
 Burlington County Special Services School District
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Educational Audiology Service 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

As Needed Services

- Hearing Assistive Technology (HAT) Maintenance/Troubleshooting** ___# hours per year IEP meeting attendance (1 hour)
Services include any of the following: in person, via phone, video conferencing, email, "on call" services.
- Hearing Assistive Technology Recommendations:** (1 hour minimum)
- Classroom Check/Modification and Recommendations:**
Room sound level meter reading to determine background noise and observe the environment.
 - Number of classrooms:** ___ **List room #'s:** _____ (Billed 1.5 hour per room)
 - Schoolwide (not student specific) 8 hour minimum**
- Workshop(s):** *Catered to your school nurses, teachers and/or staff working with student with hearing loss. (Prep time of .5 added to each hour)*
Topics include tips for school hearing screenings, classroom listening environment, hearing assistive technology - what it is and how to use it, etc.
Topic: _____ **Length of Workshop:** ___ hours
Date/Time: _____ **Location:** _____

Assessments

- Audiological Evaluation:** *Student evaluation of hearing acuity using audiometry (air and bone) and otoscopy and report (1 hour)*
- Auditory Processing Evaluation:** *Includes a full battery of tests to evaluate for APD and report (minimum of 2 hours)*

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.

Where not indicated, the Educational Audiology PSA rate will be applied for the amount of hours to complete the 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