EDUCATIONAL SERVICES UNIT

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Burlington County Special Services School District
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Educational Audiology Service 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 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 & Therapy

☐ **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