EDUCATIONAL SERVICES UNIT

EDUCATIONAL SERVICES UNIT
Burlington County Special Services School District
20 Pioneer Blvd., Westampton, NJ 08060-3824
www.edservicesunit.com
(609) 702-0500

Dr. Christopher J. Nagy
BCSSSD/BCIT Superintendent of Schools
cnagy@burlcoschools.org
Theresa L. Margiotta
BCSSSD/BCIT Business Administrator
tmargiotta@burlcoschools.org
Bobbie M. Downs
Educational Services Unit Director
bdowns@burlcoschools.org

TRANSITION SERVICES

☉ **Job Coaching (non-SLE)**	○ **Transition Planning**	○ **Job Placement (non-SLE)**

○ **Structured Learning Experience (SLE)** **(includes job placement and job coaching)** ☐ **Job Coach requested for student transport**	○ **Vocational Assessment:** **(Attach Evaluation Plan)** **Parent Permission obtained :(Date)** **Expected IEP Date:**
Service Start Date:	**Service End Date:**

Student Name:	**Case Manager:**
DOB:	**Phone #:**
NJ SID #: **District:**	**Email:**
School Name:	**School Schedule:**
School Phone #:	**(Days/hours of student's attendance)**
Parent/Guardian:	**Date Parent Permission Obtained:**
(First and last names) **Address:** **House #** **Street Name** **Town/City** **Zip Code**	
Home #:	**Cell #:**
Work #:	**E-Mail:**

Additional Information:

IEP/Transition Plan (Must be received prior to start of services)

☐ **IEP/Transition Plan Attached** ☐ **Evaluation Plan Attached** ☐ **Will Be Sent**

Out of county rate applies to the location where the services are provided. Destination charge for services rendered outside of Burlington County for non-Burlington County School Districts will be calculated in time. For further details see PSA.

CST Director/Principal Signature: _____ Date: _____

EDUCATIONAL SERVICES UNIT ONLY

Date Received: _____By Whom: _____ Date Reviewed: _____ Accept_____ Decline_____ Wait List_____
Notes:
Notified District: ___/___/___ By letter ○ Email ○ Phone ○ Who: _____
Job Coach Assigned: _____ _____ Days:_____ Hours: _____
IEP Date Received: _____ Copied to: ESU Coordinator Date: _____ Scanned: _____ Filed: _____

Please return form via fax to:(609) 702-9033 or bdowns@burlcoschools.org

Any questions, please call Bobbie Downs (609) 702-0500 ext. 7406