EDUCATIONAL SERVICES UNIT

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

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Deaf and Hard of Hearing Child Study Team
Evaluation Request Form

Student Name:		School District:
DOB:		NJ SID#:
School Attending:		Classification:
Grade:		Case Manager:
Primary Language of student:		Phone Number:
Home Address:		Fax Number:
City, State, Zip:		Case Manager Email:
Guardian Name:		CST Director:
Guardian Email:		CST Director Email:
Home #:	Work #:	Projected Results Meeting Date:

Required Documents

Important Note: We cannot process an evaluation request without the submission of the following documents:

- Parental Consent Form
- Audiogram
- IEP (if applicable)

Services Requested

Evaluation Type:		**Evaluation(s) Requested:**	
☐	Initial Evaluation	☐	Learning
☐	Re-Evaluation	☐	Psychological
Evaluator(s) to attend Results Meeting ☐ Yes ☐ No		☐	Speech Language ☐ Plus Articulation

Additional Information Required

Amplification

☐	Personal Hearing Aids _____(Age first aided)	☐	Personal FM System
		☐	Classroom Soundfield System

Cochlear Implant

☐	Cochlear Implant: ☐ Right ☐ Left	Age of Implantation: _____

Current Support

☐	Educational Interpreter*	☐	Teacher of the Deaf	☐	Educational Audiologist

** Our D/HH Child Study Team Educational Interpreter will be present during the observation and testing. We do not provide interpreters for district provided evaluators.*

Primary Area(s) of concern:

Upon receipt of request for an evaluation, questionnaires will be forwarded to district to be sent to the guardian. If all three evaluations are requested, it is our practice to have the Speech Language Pathologist conduct record review and the observation. If you are NOT in agreement, please initial _____.

_____ _____

CST Director Signature **Date**

Send Completed Request to: Fax #609-534-2066 or ESUDHHCST@burlcoschools.org Phone #: 609-702-0500 x7401
If Evaluator(s) requested at results meeting, district will be billed for IEP conference time.