



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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CHILD STUDY TEAM REQUEST EVALUATIONS & MEETINGS

Student's Name _____

NJ SID#: _____

C.A. _____

DOB: _____

Student's Address: _____

Home Phone: _____

Parent(s) Name: _____

Work Phone: _____

District of Residence: _____

School Attending: Grade/Class Type: _____ Classification: _____

Case Manager: _____ Teacher: _____

Case Manager Phone: _____ Email: _____

Contact Person to Schedule Testing: _____

Contact Person Phone: _____ Email: _____

Evaluation(s) Requested: (Check all that apply) **Psychological** **Learning** **Social**

(Specify tests, i.e. WIAT, WJ, WISC, WPPSI, WAIS): _____

CST Services: **Meeting** **Initial Evaluation** **Re-evaluation** (Specify time/s, date/s, and location/s below)

*****MUST ATTACH EVALUATION PLAN TO ALL REQUESTS*****

Reason for Referral: _____

Describe interventions that have been attempted to address the problem:

Describe the student's current academic functioning:

Do you require the evaluator at the IEP conference? YES__ NO__ NOTE: District will be billed for IEP conference time.

Please check any special considerations: prescription medications__ eyeglasses__ hearing aids
__ Other: Please explain _____

Child Study Team Director Signature _____ Date _____

PLEASE ATTACH ANY OTHER RELEVANT INFORMATION

Educational Services Unit Use Only

Assignment Date: _____

FAX#: 609-702-9033/ bdecker@burlcoschools.org

ATTN: Brooke Decker, Public CST Supervisor

Evaluator: _____

Evaluation Sent to District: _____